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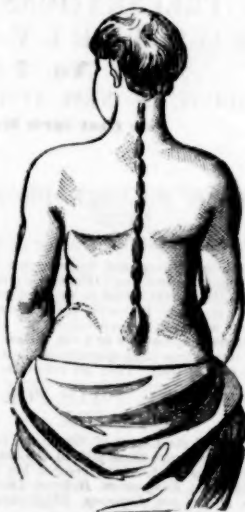
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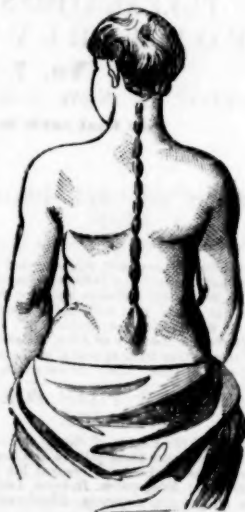
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BY

M. GONZALEZ ECHEVERRIA, M.D.,

OF PARIS,

LATE ASSISTANT PHYSICIAN TO THE NATIONAL HOSPITAL FOR THE PARALYSED AND THE EPILEPTICS OF LONDON, CORRESPONDING MEMBER OF THE ANATOMICAL SOCIETY OF PARIS, FELLOW OF THE MEDICAL SOCIETY OF LONDON, ETC. ETC.

LECTURE IV.

ONE of the most interesting subjects in nervous diseases is that of *convulsions*, the morbid state in which harmony between the will and the reflex faculty is abolished or perverted, after increased excitability of the nervous centres. This state is permanent in *tonic convulsions*, or temporary and repeated in *clonic ones*. Although many affections are separately classed under each of these titles, you will, however, observe between them a great similarity, and that each species differs from the others only in a characteristic symptom; a peculiarity of importance in the etiology and treatment of convulsive diseases.

Brown-Séquard has pointed out in the nervous system a set of fibres, not employed by the will, *the division of which is not followed by paralysis, although they are able to produce muscular contractions even more powerful than those caused by nerve-fibres employed by the will in voluntary movements. An injury in the anterior pyramid, where motory nerve-fibres decussate, hardly produces a momentary contraction; while the same cause, acting upon the olivary columns of the medulla oblongata, which do not contain voluntary motor fibres, at once determines a spasm of many muscles, sometimes for hours, sometimes for days and weeks after the mechanical excitation. In the medulla oblongata or pons varolii those peculiar fibres are situated in the lateral and posterior columns, without decussating, and containing most of the vaso-motory nerves, by which, directly or through a reflex action, they act on other parts of the nervous system, and if excited produce spasm in the corresponding side of the body.*—(Brown-Séquard, *Physiol. of Central Nervous System*, p. 194.)

It would be impossible for me to expose the cause of convulsions, better than is done in the lines quoted above on the functions of the nervous system, from so great an authority; they at once make evident the important part which the sympathetic takes in such diseases. I mentioned, on a former occasion, that tetanic movements of extension in the muscles of the limbs accompanied spasm in bloodvessels after irritation of the ganglionic system. This influence of the sympathetic in exciting convulsions has been demonstrated by Kussmaul, who, after the ligature of one carotid artery and section of the sympathetic in a rabbit, saw galvanic irritation of the superior portion followed by convulsions, which terminated after cessation of the stimulus, and could be several times repeated. I will add a pathological case, supporting in the most irrevocable manner that irritation in vaso-motory nerves is the starting cause of convulsions. Pereira, in his *Elements of Materia Medica*, mentions an epileptic patient, observed by Holst, of Christiania, who during every fit had stoppage of the pulse in the left arm. On post-mortem examination it was found that the arm received its blood from the vertebral arteries, which were supplied through the basilar artery from the carotids, and that the want of blood in the brachial arteries was due to permanent spasm in the carotid and basilar.

It is after peripheral excitations that convulsions are produced, but they may also arise from central ones. The spinal cord and the medulla oblongata give rise to convulsions in cases of congestion, tumor, injuries, and moral excitations going through the brain to act upon the oblong medulla. Except those parts in the base of the encephalon

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containing vaso-motory nerves, already pointed out, I may state, without absolutism, that no other parts in the brain, when irritated or injured, originate convulsions. Brown-Séquard has found that in one hundred and sixty cases of cerebral tumors attended with epilepsy, the dura-mater was always interested, and among as many other tumors in the brain with integrity in the dura-mater, there was no epilepsy whatever. Flourens and Marshall Hall have proved before, that irritation upon the dura-mater occasions convulsive contractions, and I can state from what I have seen, and from attentive examination of the numerous cases reported in the excellent work "*On Inflammatory Diseases of the Brain*," by Calmeil, that convulsive symptoms in diseases of the brain almost always co-exist with effusion of blood or pus in the arachnoides, with morbid productions in the same membrane, or with violent congestion in the medulla oblongata. In the beginning I said that want of harmony between the will and the reflex power occasions convulsions, therefore loss of blood in the arteries of the brain, suspending its functions, should be followed by convulsive fits, as has been demonstrated by Tenner and Kussmaul, after interesting researches made on animals. You are all aware that ligature of the carotid artery is usually attended with convulsions; and Oppolzer, of Vienna, reports a case of aneurism in the aorta, causing the migration of a thrombus in the carotid, accompanied with a severe attack of eclampsia, aphonia, and death. Several substances penetrating into the blood, possess the property of bringing on convulsions: such as belladonna, strychnia, hydrocyanic acid, carbonate of ammonia, etc. As to the latter, I shall hereafter remark the share it has in eclampsia puerperalis, and in convulsions from Bright's disease.

Though unfrequent, I may call your attention to rhythmical convulsions. Rhythmical contractions in the muscles of the face were discovered by Brown-Séquard and Martin Magron, after paralysis by section of the facial nerves. Such contractions exist likewise in the limbs after death from cholera, yellow fever, etc; but the rhythmical convulsions I allude to are observed independent of paralysis, and are located in certain muscles. In 1859 Jobert de Lamballe presented to the Academy of Paris a case of this kind in a girl fourteen years of age, affected from the age of six years, with rhythmical convulsions in the peroneal muscle of the right side. The girl's health was always good, and she never had any serious disease. A constant beating, regular with the pulse, though more frequent, existed behind the right external malleolus. The left muscle became subsequently affected, and in both, the effects of contractions were to produce pain, hesitation in walking, and even falling. Tenotomy was performed in both muscles by Jobert de Lamballe, and the rhythmical convulsions completely disappeared. I have myself observed a still stranger case. A young hysterical lady, chloro-anæmic, after invincible aversion to animal food, had rhythmical convulsions in the muscles of the larynx, producing constriction of the glottis and a constant noise, so sharp that it was perceptible at a distance. This was accompanied with frequency in the movements of the heart, beating of the carotids, and aphonia; whenever an effort was made to articulate a word, the noise ceased, as it did also during sleep. The least emotion made it more frequent and strong, and I cannot better compare it than to the *tic-tac* of the heart. This uncommon affection was considered due to an aneurism of the aorta, and unsuccessfully treated by several means. The lady, however, continued in the same condition, was married, completely recovered her voice, had three children, and has never again been troubled with the disease. Such cases, as observed by Schiff and Jobert de Lamballe, account for all the wonders of the celebrated Tremblers.

A last peculiarity of convulsive affections is, that congestion in the brain is scarcely if ever their cause—generally bringing on sudden paralysis, preceded by delirium and other symptoms of cerebral excitation. As to paralysis, you should ever remember that with convulsive diseases

it has not a permanent seat, whilst with diseases of the encephalon it constantly remains fixed. The first fact explains why bleeding, though so much praised, is in most cases inefficient against eclampsia and other convulsive diseases.

I now enter upon the history of chronic convulsions, beginning with that of eclampsia, comprehending *eclampsia parturientum* or *puerperalis*, and *eclampsia puerorum* or *epilepsia puerilis*, usually called *infantile convulsions*.

Puerperal eclampsia is not a frequent disease; it occurs in one of every four hundred and fifty pregnant women. This dreadful accident rarely happens at the commencement of pregnancy, but appears during labor, or in the last days of gestation. It has been advanced by many authors that sanguineous women are liable to it, but it is certain that eclampsia most frequently exists in primipare and during labor. Neither is the question quite settled as regards the origin of the disease in pregnant women. Scanzoni and Kiwisch believe it due to pressure of the uterus upon nerves in the pelvis, but you will find several authors insisting that albuminuria is, in most cases, the very cause of eclampsia. The facts brought forward in favor of this theory are much too interesting not to be exposed, and are likewise intimately connected with the history of nervous accidents attending Bright's disease.

Frerichs proved that urea was not a poison—and that its want of stability, as also its identical composition with carbonate of ammonia, convinced him that in albuminuria convulsions were due to decomposition of condensed urea into carbonate of ammonia by presence of an unknown ferment. In evidence of these opinions he showed urea abounding in the blood, without convulsive accidents, in several cases of Bright's disease; and demonstrated by experiments upon animals that extirpation of both kidneys and injection of urea in the blood only determine convulsions when carbonate of ammonia is disengaged. To these important facts new ones were added by Brown-Séquard and Cl. Bernard, who injected carbonate of ammonia into the blood of animals with similar results—as also by Lehmann, Carpenter, Rayer, Gibourt, Becquerel, Braun, and many others, who found urea highly increased in the blood without nervous accidents. It would be difficult not to recognize the value of all these proofs; no doubt that albuminuria may be attended with effusion of serosity in the arachnoides accounting for convulsions, but instances are numerous indeed, where no cerebral lesion has been detected on post-mortem examination, and in which, therefore, we are obliged to admit poisoning as a cause of the disease. No less evident is it that the majority of pregnant women having albuminuria are attacked with eclampsia. Of one hundred and fifty-nine women with albuminuria observed by Imbert Goubeyre, ninety-four suffered with eclampsia. In the Maternité of Paris, there were seven out of forty-one; and of fifty-two cases of eclampsia observed by Braun, of Vienna, among twenty-four thousand labors, there were forty-four with albuminuria, and the rest presented a pre-existing nervous disease. Of course, rigidity of the neck of the womb and other obstacles to labor, as well as emotions, may determine eclampsia, but under such circumstances the accident is brought on by reflex action, and is more easily cured.

Albuminuria once admitted to be an ordinary cause of eclampsia, the question is, whence does it come in pregnant women? At the commencement of pregnancy the cause seems obscure to some authors. If we consider, however, the rarity of eclampsia during that period, and that secretions may be deranged by reflex actions started from a distant organ, we may conceive that the uterus should, under such circumstances, act upon renal secretion in the same way as upon the digestive functions. At the end of pregnancy albuminuria comes from stagnation of blood in the kidneys after their pressure, and that sustained by the iliac veins and the cava. Braun admits, together with this cause, the changes of blood during gestation. He has remarked, in accordance with other accoucheurs, that

eighty out of one hundred cases of eclampsia occur in the first pregnancy, when resistance of the abdomen and pressure upon the kidneys are greater; if eclampsia appears in a subsequent pregnancy, there is a considerable quantity of liquid in the amnios, a very voluminous fetus, twin-birth, or there exists malformation of the pelvis, etc.

Excepting albuminuria and oedema in the lower limbs, eclampsia is seldom preceded by other symptoms; disappearance of the latter is considered by Frerichs unfavorable, as it increases uræmia by stoppage of sanguineous depuration. Eclampsia arises suddenly during labor, particularly when pains are most acute; it may be that, previous to its explosion, the woman has giddiness, cephalalgia, hallucinations, pain in the loins, nausea, frequency of pulse, and anxiety in respiration; but, as I said before, suddenly all the voluntary and many of the involuntary muscles are taken with convulsions. The face at once becomes pale, there is loss of consciousness, and a moment of calm; afterwards the face is injected, bluish, the features are contracted, the eyelids and eyes convulsed, the pupils permanently dilated, the tongue protrudes, and is bitten by the grinding of the teeth, the mouth is filled with bloody foam, respiration stertorous or suspended, the heart beats irregularly; the pulse is irregular and frequent, the jugular swollen, the muscles in the neck contracted, the limbs stretched in spasmodic contractions, the fingers grasp the thumb flexed into the palm of the hand, and the whole body is immovable and violently convulsed. Water and feces are passed involuntarily—uterine contractions are suspended, and the os uteri is undilated. This period lasts a minute or a half; it has been known to continue for even an hour; the convulsions remitting, general perspiration ensues; the limbs relaxed remain paralysed; sensibility is diminished or lost; respiration is slow and rough, and there is stupor or coma, which may continue for hours, or even for two or three days. The attack, which is seldom one only, returns several times at variable intervals. I have seen it recur twenty-seven times in nine hours, the patient dying during the last convulsions.

The diagnosis of eclampsia is very simple; it might be mistaken for epilepsy, and I doubt whether both are not the same disease brought on under different circumstances; but pregnancy and the nature and frequency of convulsions will at once distinguish them apart. Neither is it likely to mistake eclampsia for hysterical fits, in which there are violent movements, but no loss of consciousness, no foam issuing from the mouth, and the attack disappears without the sopor of eclampsia, generally followed by a considerable secretion of quite clear urine. In neither of the two cases will there be albuminuria, so common with eclampsia.

It is always necessary to ascertain whether albuminuria supervenes in a pregnant woman, in order to make it disappear and to avoid eclampsia. There are many ways of detecting albumen in the urine: the best and easiest are ebullition, or to treat urine with nitric acid. In both instances a precipitate is produced; but in the first test the urine must be neuter, as, if alkaline, the precipitate should not be manifest; in the second, it may happen that uric acid is likewise precipitated; an excess of nitric acid or ebullition will dissolve it at once. In examining the albuminous urine of pregnancy, you should be aware that the cupro-potassic liquor does not produce with it the same reaction as in cases of Bright's disease. In the latter there is a red violet coloration of the cold urine caused by the liquor, and if warmed, a black flocculent precipitate of sulphuret and phosphuret of copper; whereas no reaction whatever is obtained with urine of pregnancy. You may also examine the urine with a microscope, and find in it the epithelium and cylindric fragments of uriniferous tubes, as also transparent coagulated fibrin, and sometimes *hematies* and granular cells. As to the relation between the quantity of albumen in the urine and the existence of eclampsia, it has been observed by Biot, that albumen is much increased in women threatened with eclampsia; in

simple albuminuria the proportion of albumen is one-third, and quite four-fifths if there is eclampsia.

Puerperal eclampsia, in more than half of the cases, is fatal in its course. Whenever albuminuria attends pregnancy, be prepared for an unfavorable issue; if eclampsia does not take place, there is abortion, or the fetus, if born alive, is afterwards affected with convulsions. Therefore, we must prevent albuminuria as best we may; depending principally upon a mechanical course, the best remedy against it being to support the womb, to avoid pressure upon the kidneys and blood-vessels. You will attain it by advising the woman to keep herself inclined forwards, resting upon her arms for fifteen or twenty minutes several times a day. I know from my friend Dr. Brown-Séquard, who first advised this means, that he at once made a change in the state of the urine, by so doing every morning, in the case of a pregnant woman, who suffered from albuminuria. But when no premonitory symptom announces eclampsia—as, indeed, is generally the case—and you meet with it at its very outbreak, the treatment must be prompt and energetic, for then the life of both mother and child are seriously threatened. Two things to be remembered are: that the ventilation of the room be kept free, and the temperature cool; and likewise that no effort be made to hold the woman, as it will bring on strong convulsions. Bleeding has been praised by celebrated obstetricians, as a first remedy for eclampsia, the idea of plethora as a cause of convulsions suggesting it, but the results have scarcely justified the praise bestowed; with few exceptions, it has been the same with other convulsive diseases. Unless under special circumstances, bleeding should be discarded in the treatment of eclampsia; this opinion, which I unhesitatingly express, is based not only upon what I have seen myself, and from the effects on numerous cases of eclampsia reported by authors, but also upon the practice followed by leading men in obstetrics.

The best remedy for eclampsia is the use of narcotics, and, when at hand, none is preferable to chloroform. Since Simpson proved the advantages of anesthesia in midwifery, its practice has been general in England; in France it has not been so freely accepted, and in Germany, Braun says, that for eclampsia *chloroform surpasses all expectations*. It should be administered previous to the attack; if convulsions have come on, you may calm the patient, and even stop the fit, by sprinkling cold water on her face, profiting by this moment for the inhalation of chloroform, which allows the continuance of labor, and so may spare the life of the child. Immediately after the delivery, the placenta should be taken away, as its retention may give rise to new convulsions. The operation under chloroform should be performed without delay, not only to save the child, but also because prolonged anesthesia, by its influence upon respiration, determines stagnation in the veins, and abundant hemorrhage, unfavorable to the mother. Internally opium is prescribed in high doses. Scanzoni advises one-fifth of a grain of acetate of morphine, and an enema with twenty or thirty drops of laudanum, to be repeated every half hour, even after labor, till the patient sleeps. Instead of an enema, a suppository, with one grain ext. belladonna, should be preferred, when convulsions are due to acute pains during labor; to this should be added a cold application to the head; as to the internal use of ether, valerian, musk, and other antispasmodics, they are more efficacious after labor is finished, to do away with the remaining trifling convulsive state.

Eclampsia, however, may occur in advanced pregnancy, and it is important in such an event to know whether premature labor should be induced. General opinion upon this subject is negative; if the convulsions should be very violent and repeated, and uterine contractions manifest, it would then be advisable to bring on artificial labor, but do not trust in this far from innocent operation, unless followed by the disappearance of albuminuria, which often persists after delivery; besides which, puerperal fever may ensue.

The effects of eclampsia from uræmia upon the fetus are usually fatal. If not born dead it will soon afterwards die. It has been thought that the stoppage of circulation in the placenta caused the death of the fetus; but Braun has proved it to be due to the passage into the blood of carbonate of ammonia, always easily detected upon immediate examination of the blood of the child, whether born alive or dead after eclampsia. The fetus often dies, even when the mother, affected with albuminuria, has had no convulsions whatever.

A last question as to eclampsia. Should a woman, having suffered with it, be advised to have no more children? In primipare if eclampsia has been due to albuminuria from mechanical pressure upon the kidneys, or to reflex actions after acute pains, there will be no sufficient reasons for the advice; but if malformation of the pelvis existed, or if after delivery the urine continued with the characteristics of Bright's disease, and there were amaurosis or any of the nervous derangements associated with the latter, it would be very prudent for the woman not to expose herself to a new, serious, and quite certain danger.

Eclampsia puerorum is mostly known under the generic name of infantile convulsions, so frequent during early infancy, and decidedly consequent on hereditary predisposition. They may exist in the fetus after emotion of the mother, or independent of this cause, it being now evident that convulsions in so tender an age are one of the causes of congenital deformities. Teething, helminthiasis, and derangement in the digestive functions, are common causes of infantile convulsions, which may, however, be idiopathic. Stout and well developed children are those liable to the disease; this may supervene, preceded by insomnia and great irritability and change in the child's disposition, but most usually the outbreak of the fit is without warning; the child loses his senses, is pale, and immediately afterwards exhibits convulsive movements in one limb, on one side of the body, or simply in a group of muscles; the pulse is weak and frequent, breathing rough and difficult; almost always the eyes are convulsed, the pupils dilated, and squinting perseveres often long after the remission of the other symptoms. You will observe in infants at the breast during the attack, or after it, a greenish diarrhoea, improperly considered by many physicians as symptomatic of inflammation in the intestines. I have myself had an opportunity of ascertaining, after several post-mortem examinations, that this evacuation is only due to abnormal secretions from the intestines, mixed with bile poured into them during the fit. In enteritis, the diarrhoea has usually a grey-yellow or dark coloration, even when very liquid. Acute diseases in children, especially eruptive fevers, may be attended with convulsions; in encephalitis, they are the symptom in the period of excitation. Idiopathic convulsions are very serious; often repeated, they impair the intelligence of the child and even cause idiocy, if they do not determine congestion in the brain or asphyxia. The danger is less with a simple attack; the child remains afterwards dull, but soon recovers his senses. Among the ordinary consequences of convulsions are, contraction and paralysis, this of a relapsing character in the beginning, and, as I said before, mutable in its location. Convulsions likewise predispose to one of the most dreadful diseases, epilepsy, in the early stages of which they frequently exist.

In symptomatic convulsions the treatment should be directed against the disease on which they depend. In cases of indigestion you may resort to such means as induce vomiting—titillation of the uvula, or administration of tepid water with one or two grains of antim. potass, tart. As soon as the stomach is empty the child will be calm, and you should never be imposed on by the idea theoretically advanced by some authors, about the ill effects of vomiting upon the brain. Anthelmintics should be prescribed in cases of worms, and for convulsions from teething the remedy will be cutting the gums.

I have remarked that bleeding was unfavorable in eclampsia puerperalis, and, as far as I am aware, the result

is the same in cases of convulsions in children. Let it be understood, however, that I do not allude to convulsions from encephalitis or meningitis, as, under such circumstances, blood-letting is indicated, though unsuccessful, like other remedies, against these two fatal diseases.

Cold affusions to the head, keeping the child in the open air, and freely dressed, are beneficial in stopping the fit. Trousseau proposed, and with other physicians has resorted successfully to compression of the carotids, also advised for epilepsy. I have no doubt as to the success obtained in convulsions with the means proposed by the learned professor already named; but I will remark that with epilepsy the result is very uncertain, as I have tried compression of the carotids upon several occasions without any benefit whatever, and have even found the convulsions afterwards become more powerful.

It is curious that in children convulsions mostly occur in the daytime, and frequently starting from the stomach. I have seen the cases of two sisters, one seven and the other five years of age, in whom convulsions occurred while fasting. The eldest girl was regularly every morning taken with giddiness, loss of consciousness, and mild seizure in the arms. With the sister, the attacks were less frequent, and reduced to giddiness and fainting. Both were attacked shortly after rising from their beds. I advised them to breakfast upon getting up, and by this easy remedy, combined with tonics and exercise in the open air, the alarming accident disappeared.

One of the surest remedies for infantile convulsions is belladonna; one-eighth or one-twelfth grain taken night and morning and continued after cessation of the fits. It happens that the effect is not manifest till after six or eight days, and that the convulsions are not at once stopped. You will likewise observe when convulsions are suddenly cut short, that if a fit recurs it is usually of a severe character. All this, however, should not be a reason to give up belladonna, which, if continued, proves beneficial. Hyosciamus, opium, musk, oxyde and sulphate of zinc, camphor, and several other substances, are also employed with advantage; but whichever may be the internal treatment selected, it is necessary to add all those means apt to modify the constitution in a rapid manner, such as hydrotherapia, gymnastic exercises, a regular diet, etc.

Chorea is a convulsive affection, characterized by irregular and violent movement, independent of consciousness and without any co-ordination whatever; generally observed in children, especially in females, between seven and fifteen years of age. It is a disease very seldom fatal, independent from organic lesion in the nervous system and sometimes the effect of imitation. Several pathologists, and Trousseau among them, have admitted many varieties of chorea; the division is more scholastic than practical, and therefore I overlook it, to treat only of the disease generally known as chorea or St. Vitus's dance. This affection generally comes slowly and preceded by insomnia, except when brought on suddenly after violent emotion. It appears mostly in the left side of the body, the arm being first affected. Some English physicians, and Dr. Séé, of Paris, think that rheumatism is an ordinary cause of chorea, but this opinion, not supported by sufficient facts, seems very improbable, because, as remarked by Grisolle, such a rare disease in children as rheumatism could not be the origin of so common a one as chorea. When convulsions exist in both sides of the body, one is more shaken, more weak, and less sensible than the other. Memory is disturbed or impaired in a degree proportionate to the severity of the disease. There will be mutations in the paralysis; the most affected side, after reaching a maximum point, recovers its normal power, while convulsions and the palsied state go on increasing in the other. When the lower limbs are taken, the manner of walking is peculiar; the legs, no longer obeying the will, are irregularly and suddenly advanced—they jump and occasion that oscillation from which the disease derives its name of St. Vitus's dance. In some cases convulsions being very violent, the child cannot stand, and

fails, much agitated, hurting himself against the surrounding objects. Under these circumstances cerebral congestion may take place, or vomiting, dyspnoea, and even movements in the heart may become irregular, and then the pulse is intermittent and frequent. This serious state is, however, rare. Chorea is continuous in its march, generally lasting from three weeks to five or six months. If severe, it is never cured within a month; when death occurs it is preceded by violent convulsions with the symptoms already mentioned, and a variable state of collapse or coma. Science records but very few cases of intermittent chorea.

There is a very great diversity of means for the treatment of chorea. Internally, opium has been administered in large doses by Trousseau; half a grain taken every hour up to eighteen grains in the day, keeping the patient under narcotism for four or five days, and letting him repose some time, to resume the same treatment, which makes the disease disappear in a few days. In other instances, the same physician has administered eight grains of morphia in one day; he has also made use of strychnine, beginning with a dose of one-tenth grain, increased till tetanic contractions appear. Though successful, the two first means are not sure, and very dangerous to be so hardly resorted to. I have seen opium administered, not so freely as by Trousseau, but still inducing sleep, and instead of the convulsions subsiding they were very much exasperated. Not so with strychnia, which in several cases has proved beneficial. Arseniate of potash is much employed in England: ℥ij. of the liquor at the commencement, and increased to ℥v. in the day. In the only case thus treated and observed by me, there was dysentery on the fifth day, certainly independent from the remedy, but which, however, caused the disease to disappear.

Chloroform has been used with advantage, and to be successful anaesthesia should be complete and repeated several times in the day. Full doses of sulphate of quinine have been beneficial in severe cases of chorea, but in ordinary ones its effects are uncertain. So it is with assafoetida, oxyde and sulphate of zinc, iodide of potassium, preparations of iron, copper, and with many other substances.

The most efficacious means are indeed sulphurous baths and cold douches, which have a remarkable and rapid influence upon convulsions and the intellectual derangement. The first must be taken for an hour every other day. At the same time gymnastic exercises are of great utility, but they should be rhythmically performed, as advised by Dr. Séé. Electricity is likewise successfully applied against chorea. A wet reophore is put directly to the skin of the limb, and a metallic brush connected with the other is passed several times along the skin to stimulate its circulation. With this means, several times tried by Golding Bird, Briquet, and other physicians, the patient gets well after a few applications of galvanism.

DISEASE OF THE HEART IN CHILDREN.—Dr. William Moore gives the following statement of the frequency of diseases of the heart in early life:—Of 2,584 children treated at the Manchester Clinical Hospital, diseases of the heart and circulation occurred in sixteen. Among 411 patients treated in the Hospital for Sick Children, Great Ormond Street, London, only four, three females and one male, two under, and two above ten years, suffered from diseases of the heart; and of 9,857 cases, as externs, thirty-three instances of cardiac disease were observed, of which thirteen were females, and twenty males; three above, thirty under eleven years of age. Of 3,500 cases treated at the Institution for Diseases of Children, Pitt Street, there were only eight cases of chronic cardiac disease observed (congenital malformations excepted), four of which were females, and four were males, the females aged respectively five, seven, and fourteen years; the males six, eight, eleven, and fifteen years."—*British Med. Journal*.

Original Communications.

CONTRIBUTIONS TO MILITARY SURGERY.

By ZINA PITCHER, M.D.,

OF DETROIT, LATE SURGEON, U.S.A., ETC.

THE medical reminiscences of my army life are not very extensive. In my own opinion my best field for medical observation has been found in the civil and marine hospitals of this place, the former of which I have been in charge of since 1848. The first fifteen years of my professional life were spent in the army; the last fifteen, in the duties referred to.

This branch of the public service, with which I was so long connected, has not been productive in medical literature. The war of 1812 gave origin to Mann's Medical Sketches, subsequently to Beaumont on Digestion, Byrne on Malignant Cholera, Tripler on the Inspection of Recruits, and recently the joint productions of the Medical Staff, consisting of the Army Meteorological Register, and the Medical Statistics of the Army. These, with some papers published by the American Medical Association, and an occasional essay scattered through the periodicals of the day, constitute the bulk of the contributions made by the army to the medical literature of the country.

As in our profession generally, so in the medical staff of the army, there must be lying dormant a great amount of unwritten knowledge, which long ere this should have been turned into the proper channel. For this literary sterility on the part of the army medical staff there are excuses to be made which do not so well apply to members of the same profession in civil life. When the members of this corps have passed their initiatory examination, they are often assigned to duty with detachments of troops requiring but a single member of the medical staff. They are consequently not subjected to that kind of mental conflict, in which men in the same pursuit attain position in civil life. The migratory life of the soldier, and the eminently social nature of officers of the army, are also impediments to authorship.

In the American army, except during periods of actual hostilities, or on temporary tours of field service, the members of our medical staff have not a wide field for surgical observation, or favorable opportunities for the exhibition of those admirable qualities, which, by general consent, they are admitted to possess. It is on these occasions of active duty that they meet with that class of injuries which makes it necessary for them to decide with promptitude when immediate amputation has become necessary, and when, by waiting for reaction to take place, the chances for recovery, both from the injury and the operation, may be increased by delay.

Not only those occasions incident to a state of war, but the introduction of steam into universal use as a mechanical power, by the explosion of boilers and the collision of steamboats and locomotives, causing so many injuries, closely resembling those occasioned by the bursting of heavy pieces of ordnance and the projection of cannon balls, must make not only works on general surgery, but books on military surgery especially, defective, unless hereafter more particular attention is bestowed by their authors to the subject of

Shock in its Surgical Relations.—I propose to express with brevity the opinions I entertain on this point, and to narrate as succinctly as I can, the circumstances under which those opinions have been formed.

In contemplating the nervous phenomena characteristic of shock, I have accustomed myself to consider them in connexion with the momentum of the object by which they have been superinduced; and also the circumstances by which the after-treatment may be affected; as, whether the wounded are to be carried long distances on litters or in

ambulances, whether the hospitals designed for their reception are of suitable dimensions and proper construction; and what I regard of paramount importance, the nature of the epidemic influences by which the troops are surrounded, and the diatheses of the diseases that may be prevailing among them. I wish also to say a word on the use of *anæsthetics*, in cases of shock with doubtful signs of reaction, and on the conditions, independent of diet, under which scurvy may be developed in a camp or in a garrison.

One man may have a leg carried away by a cannon ball, and another a corresponding limb removed by an *ecraseur*, each being mutilated in the same degree, but exhibiting widely differing symptoms. The first may be unconscious of pain, but will be faint, pallid, and cold. His pulse will be frequent and feeble, respiration anhelating or suspirious, attended with nausea, and possibly hiccough. The other, whilst complaining of pain, will have a much more natural temperature, without manifesting such remarkable changes in the movement of the heart or action of the respiratory organs. As mutilation may take place without the constitutional signs of shock, so we may have present the symptoms of the latter without local lesion, it being directly the result of moral impressions. Hence it becomes necessary for us to study the relation of the constitutional symptoms to the extent and character of the local injury and the idiosyncrasies of the subject; and in order to determine whether they have been occasioned by the impulsion of a physical agent acting upon the organism, or the depressing influence of sedative mental emotions, both the magnitude and the velocity of the body causing the injury, and the temperament of the victim, are to be taken into account.

Where the symptoms are present in any case of sudden and violent injury, which go to show that a strong impression has been made upon the nerves of organic life, there will be no division of opinion in relation to the constitutional remedies proper to be used for their removal. All will concur in advising the administration of alcoholic stimuli, camphor, ammonia, and opium, in stimulating doses, and the application externally of dry and moderate heat. The surgical treatment of these cases gives origin to questions of the gravest importance, on which the best men in the profession take directly opposing, if not antagonistic, views. These involve not simply the interrogative—Is not amputation a necessity? but include the inquiry—Can it be performed with safety to the patient, and at what time shall it be done, immediately or after reaction shall have been established?

We meet, in active professional life, both out of and in the military service, cases of the kind under review, in which reaction never occurs, whether the injured limb be left with the blood oozing from its torn and ragged extremity, or the half-living mass be removed by the knife of the surgeon. It is at this point when cases less fatal are presented that the opinions of practised men begin to diverge, one class advising delay and the other prompt and decisive action.

When I have found myself thus situated, with only my own judgment to appeal to, even when it was doubtful if reaction would occur, whether with or without the operation, I have removed the mangled mass of flesh, and believe now, after long reflection, that I have in no case increased the hazards of my patient by the enforcement of such a rule.

It must have been observed by others, as well as myself, that operations performed under such circumstances are comparatively painless, the shock in fact having superinduced a condition of the system allied to *anæsthesia*. When the limb has been removed, we at once get rid of an exhausting stillcidious hemorrhage, and of the depressing corporeal and moral influence that the consciousness of its presence has upon the physical and mental strength of the patient. We increase at the same time our facilities for the application of heat, and acquire a moral power by arousing the sentiment of hope to assist us, which we cannot invoke as long as the mangled extremity is in view. Another

advantage is gained by an early operation, in the shutting off from contact with the wounded surfaces the deleterious effects of vicious atmospheric contagions.

If we decide that an operation is to be postponed, we must apply a tourniquet to the stump, or the patient will lose strength by the exhaustion which even a gutta serena hemorrhage will produce. What is gained by the means thus used to restrain the loss of blood, we sometimes lose in the profound sedation of the limb, resulting from the pressure of the tourniquet. Besides this, we invite the invasion of hospital gangrene, if in the wards, and erysipelas, if in the vicinity, by the exposure of a gaping wound to atmospheric influences. Having removed the mangled mass, we continue the generally approved remedies for the restoration of animal heat and vital force, adding such articles of nutriment as can be borne by the organs of digestion. The dressings should be dry and warm, and the extremities kept at a natural temperature by artificial heat.

It will be observed that in what I have said on this subject, I have spoken only in such general terms as will serve to convey my idea of the principle by which my own conduct has been governed, and by which I would direct the action of others, and that I have not affected the precision of a clinical instructor. Such cases as I can most distinctly recall, illustrative of what I have already said, I propose to speak of in connexion with the use of anæsthetics in cases of shock, the effects of which I think it my duty to place on record, they being the results of my own experience in its administration where the subject was approaching the state of collapse.

Whenever there is sufficient force in the circulation, and nervous activity enough to sustain the patient, I would give my voice with the general judgment of the medical profession, by which the use of anæsthetics in the severer operations of surgery is sustained. But regarding them as poisons of a sedative class, which when introduced into the blood, produce cerebral exhaustion and cardiac syncope, if they do not change the physical and vital properties of the blood itself, I feel obliged to remonstrate against their use in cases of syncope or nervous exhaustion. Two men were conveyed to the hospital under circumstances so nearly identical that I could scarcely say wherein they differed, unless in temperament, each having had a leg carried away so near the knee that amputation was performed above the joint. They were nearly of the same age, both had good constitutions, and neither of them was intemperate. One was put under the influence of chloroform, and the other not. Neither made favorable progress; but the one subjected to the influence of the anæsthetic came out of that condition with increased prostration, and never regained what he had thus lost. The other rallied slowly, and union of the wound took place very late. The increased prostration in the first case may be explained on either of two hypotheses; but the latter example, strengthened by others, inclines me to impute the increased prostration to the anæsthetic rather than to the operation.

The case of a seaman who was brought into St. Mary's Hospital, furnishes so good an instance of the inapplicability of anæsthetics in some of the severest injuries, and affords so striking an example of the ability of a vigorous constitution to emerge from the most desperate condition, that I am tempted to mention it, although it belongs to maritime rather than to military surgery. A. B. was standing on the deck of a propeller, directly over the boiler at the time of its explosion. The uplifting force caused a compound dislocation of the knee, the condyles of the femur being thrust forward, tearing up the ligamentum patellæ, the capsular and crucial ligaments. The leg and thigh were held together by the tendons constituting the outer and inner hamstrings and the vessels and nerves lying in the popliteal space. He had a severe scalp wound also, and with it signs of concussion of the brain. The cerebral symptoms blending with the general phenomena of shock, rendered the use of chloroform entirely inadmissible, and the jactitation of the patient made it equally

necessary to remove the leg. A very good reaction followed the operation, the stump healed kindly, and the man seemed to be rapidly recovering, when symptoms of cerebral suppuration supervened, and put an end to his existence.

Peculiar Wounds of Cannoniers.—There is a kind of injury to which cannoniers are only liable, caused by the ignition of a cartridge before the loading of a gun is completed, either from carelessness of the man at the vent, or a honeycombed state of the gun, in which the men who sponge the piece and ram home the charge are always the sufferers. The injury in these cases may consist of a burn, a contusion, and a laceration more or less severe, the latter depending upon the firmness with which the sponge staff may be grasped at the moment of the explosion, and the former upon the proximity of the arm to the muzzle of the piece. I allude to these cases because of the liability there is, on a superficial view of them, to form very erroneous opinions of their nature and extent. At first sight we may conclude that the injury is limited to the fingers, one or more of which has been carried away. Probably the palmar fascia is torn and the thumb fractured. A close examination may show that the violent and sudden extension has paralysed the radial and ulnar arteries, and lacerated many fibres of the flexors of the hand and wrist, and possibly the integrity of the shoulder-joint may be seriously impaired, of which the following case is a rare example.

F— was one of a firing party detailed to fire a national salute. The premature discharge of the gun was caused by fire concealed near the breech. His hand was torn and burned, and the bones of the forearm were broken near the wrist. Finding that the arteries at the wrist were included in the injury, I amputated the forearm near the elbow-joint. At the place chosen for the operation, I found, on making the circular incision, that there was a good deal of extravasated blood, owing to the laceration of many of the fibres of the supinator longus, flexor carpi ulnaris, radialis, profundus, etc. After the stump was dressed, I had the mortification to find that the forearm and hand were not alone injured. A careful examination of the shoulder showed that the long head of the biceps had been torn off, the two spinati muscles much lacerated at the place of insertion, and the capsular ligament rent so far, that the distance between the head of the humerus and glenoid cavity was quite distinguishable to the sense of touch. The arm thereafter hung upon the shoulder a useless weight, serving no other purpose than to prevent the lateral curvature of the spine which uniformly follows the loss of the entire limb.

Another gunner lost part of his right hand by a similar accident. The radius and ulna were fractured, without corresponding injury of the integuments. His arm was dressed by a citizen practitioner, who had no suspicion of the effects that follow such violent extension of the arterial trunks as takes place in injuries of this nature, when the tegumentary tissues are not broken. Gangrene followed rapidly, in consequence of the loss of resilience in the arterial tissue. In consequence of this misapprehension of the nature and extent of the damage done to the muscular and vascular structures, when men are wounded by exposure to this form of violence, this patient lost much more of his arm by the postponement of the operation than would have been necessary, had amputation taken place at an earlier day.

Scurvy among Troops, traceable many times as directly to Psychological as to Physical causes.—The first regiment of dragoons, destined to service on the Missouri and Arkansas frontiers, was raised in 1833. The companies composing it were filled with young men, many of whom had previously been engaged in the more pleasant pursuits of civil life. They abandoned their former occupations, and eagerly engaged in a service which placed before them the expectation of making a trip to the Rocky Mountains on horseback, in which they anticipated much enjoyment from the novelties of prairie scenery and the excitements of the

buffalo chase. The first battalion of this regiment left its rendezvous at St. Louis in the autumn of that year, and encamped for the winter in the neighborhood of Fort Gibson. In order to obtain forage more readily for their horses, the troops were encamped in low ground, in the vicinity of a cane-brake. The men were quartered in tents, floored with puncheons. They were fed upon the soldiers' rations, consisting two days in the week of fresh beef, and other days of salt pork or beef and beans, and every day fresh bread, coffee, and sugar. Frequently, but not daily, they were supplied with vegetables from the root-houses of the Seventh Infantry, which occupied Fort Gibson. The bright anticipations of a campaign upon the prairies having been shaded down into the dull realities of a winter life in tents, the men, from disappointment, became home-sick and disgusted with the service. Under these circumstances, the scurvy made its appearance among the enlisted men of the battalion, some of whom died. The question naturally arising out of this state of facts is this: Are we to impute the outbreak of scurvy among these troops to the influence of diet, or to the depressing effects of the mental causes constantly acting upon the brain, and by it reflected to the digestive centre? On this subject I might have had strong and very reasonable doubts, had I not seen some of these men, who had been told that they should have their discharge as soon as they were able to travel, revive from that hour, and gradually recover. Are not nostalgia and scorbutus very nearly related? Men sentenced to solitary confinement, and to live on bread and water, will become scorbutic. Why is this so?

PERITONITIS;—SLOUGHING OF THE COATS OF THE INTESTINE.

By FREDERICK D. LENTE, M.D.,

COLD SPRING, N. Y.

P. E., aged 19, in good general health, applied at the office on Friday complaining of some "soreness" in the right side of the abdomen; the spot over which this soreness extended was quite circumscribed, and corresponded with the situation of the caput coli. He said he was running very fast, a few hours before, and then for the first time felt the pain. There had been no previous constipation or other abdominal difficulty. Being engaged myself, Dr. Richerson, my assistant, prescribed for him. The next day he was sent for, and found the symptoms more decided and alarming. The tenderness over the region above referred to was much increased, and extended over a larger surface; and the pulse, which was natural at his first visit, was now much accelerated, as the bowels had been evacuated. He was now put on anodyne treatment, and perfect rest in bed enjoined. Subsequently the pulse rose to 130, and veratrum viride was resorted to, which, after several large doses, reduced the frequency to 70, and at times even less. About this time vomiting supervened, and continued at intervals until death, but not to prevent a due amount of nourishment which was kept up in the form of beef-tea, chicken-jelly, etc., and as symptoms of sinking supervened, with the addition of brandy, and egg-nog to the last. The pain which, after the second day, extended over the whole of the lower part of the abdomen, and was very severe, was controlled by morphia, at first by the mouth, subsequently by the hypodermic method, or by enemata. Delirium set in early, and regularly increased till within twelve hours of death. The anodynes had no effect on it, nor did they procure any sleep; the patient being wakeful day and night throughout the last few days of his illness. About once in two days, emollient enemata were given as the tympanitis, which was never very great, threatened to increase; these generally acted well, and always with temporary relief to the symptoms. On Thursday, the seventh day, he seemed better; the abdominal pain and distension were decidedly less, although he had taken less opiate for twelve hours; his pulse was of better

character, and he had about an hour's sleep. On Thursday night, however, Dr. Richerson was called to him, and found him complaining of severe pain in the epigastrium or a little below it; there was scarcely any pain on pressure over its original seat. This pain was only controlled by large doses of morphia administered by the hypodermic method, and from this date he gradually sank until Saturday, the ninth day of the attack, when he died.

Autopsy, twenty hours after death.—Weather cold, body in a cold room, no signs of decomposition. Circumstances rendered a hurried examination necessary, the father being present. The abdominal cavity only was examined. Upon cutting through the walls the viscera, at the upper part of the cavity, were found glued to them by soft adhesions, so that a slight nick was unavoidably made in the small intestine; this was immediately tied up. While separating these adhesions with the fingers towards the stomach, fluid fecal matter was seen gushing out of a considerable opening, also in the small intestine; the towel was accordingly tied on either side of the rent, so as to prevent further extravasation. The intestines were extensively adherent to the abdominal walls, through the medium of a thick soft layer of lymph, and also to each other; pockets, more or less considerable, were also found by these adhesions, containing puriform matter, with shreds of lymph. A large quantity of this was found in the iliac fossa, especially in the right. Both the parietal and visceral layer of the peritoneum was intensely infected, especially on the right side. The stomach, small and large intestines, were carefully removed for examination. The stomach was perfectly healthy, as was the large intestine, except its peritoneal coat, which was moderately inflamed. The appendix vermiformis, to the extent of about three quarters of an inch nearest the cæcum, was perfectly healthy as to all its coats, and contracted, the remaining portion extensively diseased, and partially disorganized; the free extremity having been destroyed, and there being large ragged openings in its walls; the lining membrane dark, thickened, and coated with an exudation of lymph. The cæcum, and the ileum for about six inches from it, were healthy, with the exception of a moderate infection of its peritoneal coat. From this point, throughout several feet of its course, the small intestine was the seat of the most intense inflammation as to all its layers. About a foot from the caput coli there existed a patch of grey slough, about an inch and a half long by an inch broad, with irregular but well defined edges. This slough extended through all the coats, but had considerable tenacity. About a foot from this point another similar slough was found, and a few inches higher another; this being the seat of the perforation previously referred to as having been tied off to prevent extravasation. At other points in the neighborhood of these spots, there were patches which at first sight appeared similar, but upon examination proved to be only tough lymph which could, with some difficulty, be separated from the peritoneal coat by scraping with the scalpel.

CASE OF DEATH FROM PYÆMIA.

AFTER EXSECTING A PORTION OF THE TIBIA.

By E. S. COOPER, A.M., M.D.,

PROFESSOR OF ANATOMY AND SURGERY IN THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF THE PACIFIC, SAN FRANCISCO.

As pyæmia is an extremely rare disease in California, and death from any operation upon the bones is still more rare, it is thought that the following case of death from these causes should be reported. This disease often declares itself early by positive symptoms, such as rigors, twice in twenty-four hours, a very torpid condition of the sensorial powers, great prostration of physical strength, and delirium. Frequently, however, its progress is very insidious, and there is nothing to indicate its existence but an extreme degree of mental and physical prostration, continuing for some time without any material change in the condition of the patient. Such was the following:

Mr. G. K., æt. 43, was operated upon in November, 1860, for the removal of caries of the outside, and long standing suppuration inside of the lower end of the tibia. His general health was feeble, and his spirits, naturally low in health, were very much depressed at the time of the operation. His countenance was anxious, and all efforts to inspire confidence and produce cheerfulness were unavailing; a condition that often does as much to portend a fatal result in an effort to cure by the knife as a dangerous surgical operation itself. The operation consisted in making an incision eight inches long over the anterior surface of the lower portion of the tibia, commencing six and a half inches above, and terminating one and a half below the tibio-tarsal articulation. A transverse incision was made from the first over the internal malleolus, and flaps reflected until the lower end of the tibia was fully exposed, when four inches of that bone were removed. It was very much enlarged, carious on the external surface, and containing many small abscesses inside near the centre. The medullary canal was obliterated. A portion of the articulating face of the os astragalus was found diseased, and required removing, as also did a part of the scaphoid. But this is not what may be considered in San Francisco an extensive excision of bone. Surgeons in active practice here are constantly removing greater portions, and nearly always with success; removing, as in this case, a part of all bones diseased, but taking the diseased part only and leaving the balance in situ. Even the cuneiform bones are not removed entirely when only a part is found diseased.

In this case the patient was of the hemorrhagic diathesis and a persistent though not severe hemorrhage (not from any vessel in particular) was kept up for four or five days in spite of strong pressure. The patient became greatly prostrated at the end of this time, and remained without much change for about three weeks, when a cachectic condition of the system was manifested, which was attributable to purulent infection, though the symptoms were of that insidious class which are occasionally met with in that affection.

An unaccountable degree of prostration now rapidly supervened, and the pyæmia declared itself in a positive form. Rigors occurred twice in twenty-four hours. A sloughing condition was set up involving not only the extremity operated upon, but the whole exterior of the body. The skin appeared to be in a disorganizing condition, the slightest pressure producing destruction of the cuticle. The whole surface became icteritious, and the patient gradually sank and died, two months after the operation, from purulent infection, received from the veins of the diseased bones.

This disease is usually the result of an injury in a person of vitiated condition of the system, either naturally or acquired. Thus a person of strumous habit in the one case, or one who has been confined in a crowded hospital, or is scorbutic in the other, undergoing an operation, particularly if it involve the bones, is liable to die from purulent infection or pyæmia. But in California, where the climate is unequalled in its power to prevent this state of the system, deaths from pyæmia can seldom happen; and I doubt but little that I am now recording the first case that has ever occurred after a comparatively trivial operation like the above on this coast.

NEW TREATMENT FOR SCABIES.—Dr. METZEL, of Cracow (*Bull. Gen. Therapeutique*, Feb. 28, 1861), reports eighty cases of this disease, cured by the local application of phosphorus and olive oil in the following proportions:—Two drachms of phosphorus are introduced into sixteen ounces of the oil, and the whole subjected to a temperature of 212° Fahrenheit.

FUNCTIONS OF THE SPLEEN.—Prof. MAGGIORANI, of Rome, after numerous experiments, has come to the conclusion that the Spleen contributes directly to the formation of red blood, and secondly has the power of converting sugar into fat.—*Gaz. Med. de Paris*.

Reports of Hospitals.

LONG ISLAND COLLEGE HOSPITAL.

Dr. F. H. HAMILTON'S SURGICAL CLINIC.

ARREST OF DEVELOPMENT.

[Reported by GEO. H. MARVIN, Medical Student.]

ANN KERRIGAN, æt. 2½ months, of Brooklyn, was born on the 21st of Jan., 1861. Three days after the birth of the child, Dr. Lynch, who attended its mother during her confinement, sent the child to the Hospital, in order that Dr. Hamilton might see it, when the following notes were made.

CASE.—Left foot, valgus, four toes; right foot, valgus, three toes; left tibia and fibula bent, angle salient forwards; most salient point a little below middle; a slight longitudinal depression in the integument three lines in length, corresponding to the most salient point of the tibia and fibula. The same deformity exists in the right tibia and fibula, the angle being more prominent, however, and in the centre of the longitudinal fissure, there is a dimple-like depression. Both thighs are also much curved, the right most, convexity outwards. A depression in the back, corresponding to the base of the coccyx. This last fact, Dr. H. thinks a convincing proof that the case is one of *arrest of development*. The spine, at some previous time in utero, must have been exposed at this point, the opening having closed in the womb. The cause is supposed to be some disease of the spinal marrow, or its investments, in the child. Dr. H. then recommended to Dr. Lynch to try to straighten the limbs with splints, &c., and, should this fail, to break the leg, and then straighten.

The child was brought before the class to-day, some accident having occurred to it five days since. Some new facts were elicited from the mother, who brought it to the Hospital. In reply to Dr. H.'s questions she stated that this was her first and only child, and that she did not recollect having marked it. Neither she nor any member of her family, as far as she could recollect, had had any deformity.

Dr. Hamilton observed that these cases were very often mistaken for fractures in utero, which are rarely met with, and many of them have been reported. The sulcus, before spoken of, looks as if it had been cut with a knife. It is the same on both legs, but not so deep in the left as in the right leg. It is improbable that both bones should be broken. There is arrest of development in the spinal column, which is commonly known as *spina bifida*. This, without doubt, has its source in some defect of the spinal marrow. The bending is prone to occur when this arrest of development takes place. Both physiologists and pathologists have been unable to say exactly from what cause it arises. All agree that it is due to some early affection of the spinal marrow. Club-foot follows from the same source in all probability.

The child fell from the bed a few days since, and broke the right femur; the leg is quite tender, and a distinct crepitus can be obtained, which is not like that we obtain from fractures in the adult, but is of a click-like nature. This may be owing to its being a transverse fracture. The fracture is complete, and not due to the apparatus that Dr. Lynch has been using, but to the fall which the child has sustained. Dr. Lynch stated, that he had been employing gutta percha splints, but that he had not succeeded in straightening the legs very much. Dr. H. said, that the fragments would unite in five or six days, but that the splints must be abandoned, as it would be impossible to straighten the legs now. Dr. Ackley of Cleveland had a case of this kind in which he broke the leg twice, but was unsuccessful; Dr. H. then had charge of the child, but did not succeed in his endeavors to straighten the limb. The splints, he said, might be used to keep the leg in its present

position, but for no other purpose, as it was out of the question to attempt to straighten the limbs now. Sometimes the child outgrows the curvature to a great extent. This one is perfect in every other respect. Another case was mentioned, in which, he said, it appeared as if a cord had been tied around the leg, and had left a depression there. Finally, the leg broke off at this point spontaneously; this was owing to a deficiency of bone in the limb. Those who had not watched the case would have supposed that a cord had been actually tied around the leg, but to him it seemed impossible to conceive how it could have got round tight enough.

American Medical Times.

SATURDAY, JUNE 1, 1861.

A GLANCE AT THE PAST.

THE war of 1812, '13, '14, was by no means destitute of important observations in the science and art of military surgery. We recognise in the names of TROWBRIDGE, WHEATON, HUNT, MANN, LAWSON, LOVELL, WHITRIDGE, surgeons in the army on the Northern frontier, who have left valuable documents, recording their experiences during these campaigns. While we accord to the writings of recent European authorities on military surgery, the largest and most varied experience, combined with the highest degree of scientific knowledge, entitling them to the most unqualified consideration, we cannot forbear glancing at the recorded observations of our own army surgeons, to draw from thence some lessons peculiarly adapted to our present needs.

In the medical organization of the army at that time, the surgeon held no rank or command, whereby his authority should be respected. As a consequence, his advice and counsel were too often entirely ignored, and not unfrequently to the great detriment of the sick. "It was frequently the case during the war," says Dr. Mann, "that commissioned officers, of inferior grades, intruded themselves into the hospitals, without consulting the attending surgeons, and without their knowledge ordered out of the wards the convalescent men; and when detected in such unmilitary conduct, justified themselves by claims of superior rank." The medical officers were thus brought in constant and unhappy collision with their superiors, and many sacrificed their lives "in support of what was falsely called their honor." This lack of authority told most severely in the management of hospitals; the surgeon could exercise but little discretionary power, was often obliged to abandon good hospitals in healthy localities, and transport large numbers of sick, in mid-winter, at a great distance, to quarters less commodious. Finally, he was almost constantly destitute of efficient aids; and not unfrequently all his medical assistants detailed from the regiments, were summarily ordered to attend the army on expeditions, thus leaving the hospital, containing several hundred patients, in the care only of the regular hospital surgeon. Against such inhumanity towards the sick he could only enter a protest.

Another defect was a deficiency of surgeons attached to

the regiments, and to the hospital corps. In many actions there was great suffering on the part of the wounded, owing to the lack of assistants. To remedy this evil the hospital surgeons were sometimes withdrawn from their duties to attend the army, thus leaving the hospitals scantily supplied with medical attendants. The labor devolving upon the medical staff thus often became excessive, and the necessary neglect of the sick entailed great suffering, and added largely to the mortality.

The first of these defects has been remedied by an Act of Congress, so far as to give the surgeon a nominal rank in the line, though the law cannot be said to be carried out in its proper spirit by superior officers. The disposition of such officers to subordinate the medical department, seems inherent in military organizations. The English and French surgeons have labored for years to place their department in an independent position, but with poor success; and yet the history of every campaign proclaims in trumpet tones that the appalling sacrifice of human life, in camp and hospital, is due entirely to the subordination of the medical department to a higher grade of officers. The experience of the American surgeons in the campaign of 1813, and the English surgeons in the Crimea, in their inability to obtain proper clothing, hospital stores, &c., owing to the routine of official action required, is not unlike. Surgeon LOVELL reported about one-half of the force under his charge as disabled on this account from diarrhœa, dysentery, pneumonia, typhus, etc.

May we not hope that our Government will take especial care to place the medical department of the army during the present war on the most independent basis, giving to its highest officers plenary power in the location and management of hospitals, hospital stores, and the hygiene of camps?

The second defect, viz. a deficiency in the number of surgeons composing the medical staff of the army, is not less vital to the best interest of the troops. The importance of an increase of the surgeons of regiments has been already noticed in our columns. We trust this evil will also be remedied.

In the war of 1812, two kinds of hospitals were established: 1. General hospitals, to which were assigned a medical staff, distinct from that immediately attached to the line of the army. 2. Flying hospitals, attached to the army during active operations, and subject to repeated removals in the campaign. In the organization of the hospital staff by the Government, but little care seems to have been taken to give it efficiency. The hospital surgeon was without any definite rules to guide him. The hospital staff, as already stated, was altogether insufficient in numbers, necessitating the detail of assistants from the army. In this selection care seems to have been taken by the officers to detail persons known to be obstinate and ungovernable, and on whom no dependence could be placed. So incompetent did these persons prove to be, that they were soon dismissed, and the hospital surgeons afterwards selected convalescent patients for assistants. Finally, the Inspectors were not medical men, and often gave the most absurd directions as to the management of the hospitals.

The reform required in the organization of the hospital staff was suggested by the surgeons at the time, but no action was taken, we believe, by Government. 1. The hospital staff should be enlisted *solely for that employment*, with a full corps of qualified attendants. 2. The duties of

the staff, and its rules and regulations, should be well defined, and no officer, except of the highest grade, have power to interfere with or control their actions. 3. The Inspector should be a medical man, or a surgeon should be associated with him in his visits to the hospitals.

In the location of General Hospitals, Surgeon Mann, whose experience was very great, gives the following advice: "A cultivated country, where milk could be procured, as well as vegetables, is preferable to towns, or thickly settled villages; select points which least interfere with extensive military movements of an enemy, and the opposing army, on elevated lands which command free circulation of air, an abundance of good water, in the open country, remote from woods and marshes; the building should be but one story in height, to avoid the noise of persons walking on a second floor; the wards should have an east and west exposure, be of ample dimensions, especially in height, have free ventilation by means of sliding sash and chimneys; a separate bed for each patient in a movable bunk, not attached to the walls; and finally an abundance of spare clothing for new patients, who are often admitted, after engagements, entirely destitute."

The best conducted hospital was at Burlington, Vt. It was located sixty feet above the water, on a soil dry and hard at all seasons, being sand and gravel. Though often containing from six to nine hundred patients, it never generated an infectious disease. Cleanliness and good ventilation were the main features in its management; the walls were washed in summer with soap and water or lime water, and whitewashed in winter; the floors were daily sanded; the straw of the beds was burnt when the beds were vacated; close-stools, urinals, and bed pans were removed as soon as used; no culinary process was allowed in the wards; personal cleanliness by means of baths was strongly insisted upon; the beds were always in good condition, being immediately put in order if the patients left them but for a few minutes. We cannot give too much credit to the intelligence and zeal of the surgeons who, a half century ago, administered the affairs of a military hospital with so much wisdom and discretion. During the campaign of 1814, there was a manifest improvement in all the general hospitals. For one of the summer months of that year there was not a death reported in a mean strength of six thousand men.

For flying, or field hospitals, large tents, each sufficient to accommodate sixteen or eighteen patients, were preferred to buildings, from the first of June to the last of September. The location preferred was a dry or gravelly soil; drains were cut to carry off surface water; covered cess-pools were prepared at a proper distance; the floors were daily scrubbed, and the tents were removed to new and eligible grounds every two weeks. So rigidly were these rules enforced, that at many of the hospitals no new diseases supervened. This was true of the flying hospitals at Lewiston, with an average monthly report of over six hundred men. The cooking was done at temporary kitchens, made with stones or sods of earth, in the form of a fireplace, and inclosed with boughs and the bark of trees as a protection from sun and rain. Large barns were also found to make excellent flying hospitals in the summer. SURGEON MANN says:—"The sick and wounded, here, were as comfortably lodged as they would have been in a dwelling-house; and much less incommoded by the heat of the weather, which was very oppressive, at times, during July

and August. Through the spacious and lofty rooms, by means of large double doors on each side of the barns, a free circulation of air was admitted, which was not only grateful but salubrious."

We shall recur again to these interesting and now highly valuable records.

THE WEEK.

THERE seems to be almost universal complaint among the volunteers, of the poor fare with which they are furnished at their encampments. It is not surprising that this should be the case in New York city, where jobbing business is well understood, but we were not prepared to learn that the same shameful system is carried on at Elmira, N. Y. An intelligent volunteer thus speaks of their treatment:

"The contractor merely furnishes the rations; government furnishes table, dishes, etc., and each company details men to serve the food, wash the dishes, etc. You perceive that the contractor makes money, while the soldiers who have so nobly responded to the calls of their country fare rather hard. For myself, I had rather meet the terrors of the battle-field, than be compelled to live on the rations and fare now dealt out to us, for any considerable length of time. Were the government unable to provide better for us, I, for one, could endure the present and even worse rations; but when such liberal sums are paid to supply our wants, it is difficult to be patient, and not complain of ill treatment."

Our authorities cannot be fully impressed with the disastrous effects of poor diet upon the future health of the troops. It is the common remark of military surgeons, that the sudden change of diet which the volunteer has to submit to, is the foundation of many of the diseases of the camp. It is discreditable that, at an interior town so largely supplied with catables from a rich farming district, as Elmira, the volunteer should be heard uttering such a piteous complaint as that copied above. We are happy to know, from personal observation, that the vast bodies of troops now encamped at and near Washington are supplied with rations that are excellent in quality and ample in quantity. The bread, which is at present being turned out in vast quantities daily from the great ovens in the basement of the Capitol, is equal to the very best of our New York bakeries.

MORTON and his patented *letheon* seem to stand in the way of honest medical inquiry concerning the fatal effects of anæsthetics. Threatened on the one hand with legal prosecutions for using ether, and on the other hand being nervously anxious not to be again entrapped into an endorsement of the greatest of modern charlatans and imposters, we are not surprised that the Chairman of the Boston Committee finds it necessary to promulgate the following notice and assurance. The practical importance of Dr. HOPGES' inquiries should elicit faithful replies to his circular.

Boston, May, 1861.

The undersigned, Chairman of the Committee appointed by the Medical Improvement Society of this city, to investigate alleged deaths from the inhalation of sulphuric ether, desires to assure the profession that the investigations of that Committee are not of a partisan character, and have no relation whatsoever with the so-called "ether controversy." As an impression exists at a distance from here that the circulars which have been so largely distributed by them have some connexion, either antagonistic or friendly, with

the measures at present being taken in favor of Dr. W. T. G. Morton, this denial will, it is hoped, suffice to convince those gentlemen to whom they have been addressed, that no ulterior motive is concealed, and that no use, other than that stated in the circular, viz. to prove or disprove the absolute safety of inhaling pure sulphuric ether, will be made of their replies.

R. M. HODGES, M.D.

THE instructive experience of our old Army Surgeons, as recalled by the present stirring events, is well illustrated in the columns of this number of our journal. Such noble types of medical men as Drs. TROWBRIDGE and PITCHER are not to be forgotten in times like these, when medical genius joined to patriotic devotion, is not less serviceable than military skill and heroism. We desire to hear often from the distinguished survivors of the medical service in former wars, as well as from our brethren now in the field. The vigorous old age of old soldiers is one of the redeeming results of camp life. The venerable Dr. PITCHER of Detroit happily illustrates the value of such a life—the fruits of a faithful professional and public life. We cannot forbear making a brief quotation from a letter from that honored physician, as exemplifying the value of an active professional life.

"By way of excuse for having been so tardy, allow me to give you an idea of the manner in which my time is taken up. I retain a pretty extensive private practice, allowing the poor to receive their share of my attention. Every day I spend from one to two hours in St. Mary's Hospital, and have the supervision of an insane retreat connected with it, but a mile out of town; this I visit only once a week or so. Am a Trustee of the State Asylum for the Insane, which I visit once a quarter, the correspondence with which takes up more of my time; am physician of St. Luke's Hospital, yet only in embryo, and have for the past four years given strict daily attention to the U. S. Marine Hospital, until relieved some time in April from the execution of the latter trust by the present administrators of our national affairs."

For our own part we cannot too highly esteem such noble men, and the affluent rehearsals of their varied and large experience.

Reviews.

A PRACTICAL TREATISE ON THE ETIOLOGY, PATHOLOGY, AND TREATMENT OF THE CONGENITAL MALFORMATIONS OF THE RECTUM AND ANUS. By WILLIAM BODENHAMER, M.D. New York: S. S. & W. Wood. 1859. pp. 368.

DR. BODENHAMER commences his work where authors generally close, viz. with the illustrations, and the order of subjects continues reversed throughout the book. This is a most inconvenient arrangement, and embarrasses the reader who may have occasion to consult it in haste. With this criticism we are prepared to award to the author full credit for having prepared a useful and practical work on a subject hitherto but little understood.

We entirely agree with the author in the opinion that these malformations are much more common than is generally supposed. The truth is, they are too generally overlooked; unless the malformation consists in a perceptible external closure the practitioner is very liable to disregard the obstruction and the child falls a victim to ignorance and neglect. We are also constrained to take the same hopeful view of these cases as our author. Not that they are in general curable, but with a correct understanding of their

nature, and an intelligent use of the means now available for their relief, a far greater number may be cured than is generally admitted. So unpromising have these cases been considered by some of the most eminent surgeons that they have refused to attempt their relief in the simplest form of malformation. But no surgeon fully competent to undertake the charge of these cases would to-day abandon the little sufferer to its fate without a thorough trial of the means which scientific surgery has placed within his power.

In regard to the ætiology of these affections the author inclines to attach some importance to the imagination of the mother acting upon the fœtus. Serres, Geoffroy Saint Hilaire, and Roux de Brignolles, attribute these malformations to deviations, imperfections, or absence of the hemorrhoidal arteries, while Tiedemann asserts that the defect originates in imperfections of the nervous system. The true cause of these malformations has, however, as yet, escaped detection, except where actual disease exists, and all the explanations advanced are conjectural.

Dr. Bodenhamer divides these malformations into nine species, as follows:—

"FIRST SPECIES.—This species consists of a preternatural narrowing of the anus at its margin, and occasionally extending a short distance above this point.

"SECOND SPECIES.—In this species there is a complete occlusion of the anal aperture by a simple membrane; or by the common integument, or a substance analogous to it, more or less thick and hard.

"THIRD SPECIES.—In this species there is no anus whatever, the rectum being partially deficient and terminating in a cul-de-sac at a greater or less distance above its natural outlet, without any communication whatever, either externally or internally.

"FOURTH SPECIES.—The anus in this species is normal, but the rectum at variable distances above it, is either deficient, obliterated, or completely obstructed by a membranous septum.

"FIFTH SPECIES.—In this species the rectum terminates externally by an abnormal anus, located in some unnatural situation, as at some point in the sacral region; or the rectum is prolonged in the form of a fistulous sinus and terminates by an abnormal anus, at the glans penis, the labia pudendi, or at different points in the perineum. The natural anus being generally absent, its functions are performed by the abnormal one.

"SIXTH SPECIES.—The rectum in this species opens preternaturally into the bladder, the urethra, or the vagina; or into a cloaca in the perineum with the urethra and the vagina. In these instances the normal anus does not generally exist.

"SEVENTH SPECIES.—In this species the rectum is normal, with the exception that either the ureters, the vagina, or the uterus, open preternaturally into it.

"EIGHTH SPECIES.—In this species the rectum is entirely wanting.

"NINTH SPECIES.—In this species the rectum and the colon are both absent, and there is usually an abnormal anus situated in some extraordinary part of the body."

In treating of these different species, the author gives first a description of the particular malformation, then its treatment, and concludes with a section containing a collection of fully reported cases. This arrangement is admirable, and gives the reader a clear view of the nature of the malformation and the difficulties to be encountered in its treatment.

We cannot follow the author in the discussion of the several species of malformation above given in outline; nor is it necessary. He deals only with facts, and they are so clearly and succinctly stated that the surgeon can properly avail himself of them only by careful study. To the practitioner who desires to be prepared for every emergency we commend this volume as an indispensable addition to his library.

The volume is illustrated by sixteen well executed lithographic plates, which greatly enhance its value.

Obituary.

BIOGRAPHY OF A SURGEON OF THE WAR OF 1812.

AMASA TROWBRIDGE, M.D.

(Continued from page 345.)

We have stated that a large body of troops were concentrated at Buffalo in the Spring of 1814, and that there were other unmistakable evidences of a determination on the part of our government to cross these forces, which had been thus prepared under the eye of the best drill officers in the service, into Canada, and make some vigorous efforts, either at conquering those provinces, or in "conquering a peace." The army, under Gen. Brown, crossed the Niagara river, at Black Rock, in the night of the 2d of July, and invested Fort Erie on the morning of the 3d, which they carried with ease, with but three men wounded.

On the 5th of July, the battle of Chippeway was fought, involving some of the hardest fighting that had been experienced since the commencement of the war, and resulting in a complete victory, and leaving our forces in possession of the battle field, with all the dead and wounded. There were 132 Americans wounded in this battle, which, together with the care of the enemy's wounded, gave the field surgeons full employment. Many operations were, of necessity, made on the field of battle, and the wounds were all dressed there; after which the patients were sent for future treatment, in boats, to the general hospital at Buffalo.

A still more desperate battle was fought at Bridgewater, or "Lundy's Lane," on the 25th of July. It lasted five hours, and terminated at midnight. Many of the general officers on both sides were wounded. On our side, the killed and wounded amounted to 76 officers, and 625 of the rank and file of the army, while the enemy lost 878 men. Dr. Trowbridge and his mates, assisted by Gen. Ripley's staff officers, effected the removal of all the wounded to Chippeway the same night.

The next morning the Doctor was ordered by Gen. Ripley, who was left in command (the superior officers being all wounded), to collect the badly wounded, and place them in boats, and convey them to the general hospital at Buffalo. This was accomplished by the use of two large provision scows, with a surgeon's guard. He arrived at Tonawanda the same night, with his charge, and in the morning they buried thirteen, who had died during the night. With the balance he arrived at Buffalo the next day. The slightly wounded had been left, in the meantime, with their regiments.

On the 25th, the American army retreated to Fort Erie, and there commenced to fortify itself. The enemy followed, and in three days after opened a constant and heavy fire upon the fort with cannon and heavy mortars, which they continued, day after day, until the 15th of August, when a general assault was made upon the place and works. They were repulsed, however, with great slaughter, which was the more disastrous to them, on account of the explosion of a magazine under the east bastion—killing 300, and wounding 147, with five officers, who were taken prisoners. By a special general order, the wounded of the enemy were assigned to the care of Doctor Trowbridge, and the greater part of them were sent to the general hospital at Buffalo. In reporting this attack and repulse at Fort Erie, General Ripley spoke of the Doctor and his assistants as follows:

August 17th, 1814.

"I close this report with stating to you, in the highest terms of approbation, the skillfulness exhibited by Doctor Trowbridge, surgeon of the 21st regiment of infantry, with his assistants Everett and Allen. Their active, judicious, and humane treatment of the wounded, both of the enemy and our own, together with their steady and constant

attention to the duties of their station, must have attracted your personal observation, and I am confident will receive your approbation.

"I have the honor to be, &c.,

"E. W. RIPLEY, Brig. General 2d Brigade.

"To General Gaines."

The enemy kept up a constant scene of skirmishing, bombarding, and cannonading, which had scarcely an interval of an hour, night or day, until the 17th of September, when a sortie was made from the fort upon their works. The whole of the enemy's works were carried, and rendered useless, and 380 of their number were made prisoners and brought into the fort. The Americans lost 527.

From the above narrative of the continued scenes of carnage which came under the professional observation of the Doctor, it will be seen that he must have had every kind and degree of wounds to treat, made by musket balls, cannon balls, grape and shrapnel shot, fragments of shells, congreve rockets—in fact, all the missiles used in modern warfare. This last feat brought the campaign nearly to a close. The enemy left their encampment in a few days, and retreated across the Chippeway, when the American forces followed, and encamped on the former battle ground.

Colonel Bissell was ordered with a detachment to ascend the Chippeway river about fifteen miles, and destroy some provisions and military stores of the enemy. Dr. Trowbridge was ordered to accompany this expedition in his capacity as a surgeon. On their arrival at the place designated, they were met by the enemy, and a sharp engagement ensued. Several of our party were killed, and nine wounded. The object of the expedition was completely successful—the stores were taken and destroyed, and then the little party returned to the encampment, bringing their wounded with them. Orders were soon after given to the army to return to Fort Erie, and then to recross the Niagara to Black Rock, and take their line of march to Sackett's Harbor.

Thus ended one of the most sanguinary conflicts that had been known in modern history—between our forces under Generals Brown, Scott, Ripley, Porter, and Gaines, and the veteran officers and soldiers of England, who had, under Lord Wellington, successfully fought the memorable battles of the allies against the French in Spain and Portugal.

Dr. Trowbridge came to the Harbor with the army, and was occupied in hospital duties at that place until the news of peace, and the disbanding of the army. He was offered a place and a commission in the new arrangement of our forces—adapting the number of men to a state of peace—but he preferred the exercise of his profession among the people of his former residence in this village, where his family had kept their home during his connexion with the army. Of course he was welcomed back again by his former friends and patrons, and he was soon engaged in extensive country practice, and with a professional reputation second to few practitioners in the State.

Immediately on his return to his private practice, he was appointed one of the assistant justices on the bench of his county, and in 1818 he was appointed a Judge. The duties of these several positions he discharged with credit; and in 1819 he was appointed Sheriff of the county, and discharged the duties of that office for two years. In the meantime, he continued his medical and surgical practice in a very large district of country.

In 1822, he visited Philadelphia, and spent the winter in forming the acquaintance of the most distinguished physicians of that city, and in observing the hospital practice there. Among the physicians of note, whose acquaintance he made, was Dr. Parrish, to whom he became very much attached, and with whom he kept up a correspondence afterwards.

In 1824, he received the appointment of Professor of Surgery and Medical Jurisprudence in the Willoughby University of Lake Erie, in Ohio. This gave new scope to his faculties, in preparing a course of lectures, running on

through eight weeks of each year in their delivery. He kept his residence here, however, and continued his practice during the long intervals between the seasons for lecturing to his class in College, until 1838, when he gave up his ride and practice in this county to his son Amasa, who had by this time acquired a reputation in his profession which was second to no physician in Northern New York, only excepting his father. In this latter year, Dr. Trowbridge removed his family to Painesville, in Ohio, ten miles from the Medical College. At that place he immediately entered with ardor upon the acquisition of a new and enlarged sphere of practice, having Painesville and the College as a base, and the "western reserve" as the field of his newly acquired practice. But the Doctor was destined to an utter blasting of all the high hopes which he had indulged, with reference to the field he had so cheerfully surrendered to his talented son. It was in June, 1841, that Amasa was riding on horseback leisurely down Factory street in the village, when a spirited pair of young horses got frightened near the head of that street, and breaking away from their fastenings, came plunging down the street with a heavy lumber wagon. Amasa was a little deaf, and did not hear the noise of the runaways, until they were nearly upon him, when he made some unavailing efforts to get out of their probable track. But what with the obstinacy of his own horse, who seemed bent on having his own way just at that critical moment, and taking his own time to do it in (though he was a horse of immense power and physical capacity), the frightened runaways took him in their course. The collision was a terribly severe one, and resulted in throwing the Doctor to the pavement with such force as to break his skull, and also to dislocate the vertebrae of the neck. Medical help was obtained in a few minutes' time, and an examination followed, which revealed the fatal nature of his injuries, leaving nothing to hope from an attempt to raise the shattered skull from the brain. He lived but a few hours.

The Medical Society of the county had a meeting shortly after, when, the following resolutions were passed, and placed on record, viz.:

Resolved, That whereas, this Society, since its annual meeting, through the dispensation of a wise and inscrutable Providence, has been called to mourn the appalling, painful, and premature death of one of its most useful members, viz. Dr. Amasa Trowbridge, Jr., of this village; therefore,

Resolved, That this Society deeply sympathize with the distinguished father, family, and friends of the deceased, the medical profession generally, and the public at large, in this afflictive bereavement.

Resolved, That this Society has learned with unfeigned satisfaction, that the father of the deceased contemplates to return to this county, the seat of his former usefulness, to spend the remainder of his useful life; and that this Society greet him with a hearty welcome to his former place of residence, to impart the blessings of his skill and the wisdom of his counsels.

The subject of our notice was at his new home in Painesville, at the time of the calamity above alluded to, and it was a coincidence worthy of being repeated that, as nearly as could be calculated, at the precise moment when his son Amasa was struck down here in death, the marriage of his daughter Frances was being solemnized at his house in Painesville. He had accompanied the bridal party of his daughter to Buffalo, and then leaving them to visit the Falls, he came on to Oswego, where he met the tidings which awaited him from this place.

The Doctor decided at once to resume his field of practice again, which he effected after the termination of the next course of lectures. He had disposed of his old residence on Arsenal street, where he had lived so long, and where he had manifested so much correct and refined taste and skill in arranging his building, grounds, &c., &c., as to make it the admiration of strangers, and the envy of friends.

After his return with his family from Ohio, he purchased the lot adjoining the clerk's office, south side, where he fitted up a cozy little tenement, and where he continued to reside until the great fire of 1849, which consumed his house and all its contents. This was a disastrous fire to the Doctor, for, while he had not a farthing of insurance, he lost his house, furniture, books, surgical instruments, and a large cabinet of prepared birds, &c., &c. But though he had lost his home, and the accumulated stock in trade of his business office, with its invaluable et-ceteras, yet he did not

lose his courage, and having a capital constitution still left, he kept on with his ordinary extensive practice till his death, which occurred in the winter of 1859-60.

It would be a pleasure to me to be able to revise the medical portion of his history, and show the number and character of the surgical operations which he has been called upon to perform—of every character and grade—for which there is abundant material among his papers, but my ignorance of the anatomy of the human frame, and of the terms by which medical men treat of the whole science of medical jurisprudence, prevents my making any effort in that direction. Yet I may say, that in his private practice alone—separate entirely from the army practice, which I have narrated in general terms, without any effort at detail—he has taken off the leg at the thigh ninety-six times, with most happy results in a very large majority of the cases.

Reports of Societies.

NEW YORK PATHOLOGICAL SOCIETY.

STATED MEETING, April 10, 1861.

DR. A. C. POST, PRESIDENT, IN THE CHAIR.

DR. D. S. CONANT presented a portion of the vertebral column, removed from a large stout man, aged 55, who, while at work on shipboard, in Freeport, Maine, sustained an injury in the following manner: On a certain Monday there came up a high wind, which blew him off the rigging, and after having struck in his descent and turned over, he finally landed on the ground, striking heavily upon his shoulders, the body being at the same time thrown forwards, so as to impinge its whole weight upon the bodies of the vertebrae. When taken up by his comrades, he was found completely paralysed in both his lower extremities. Two physicians were immediately called, who pronounced it a dislocation of the lower dorsal or upper lumbar vertebrae. Three days after, Dr. Conant was called in consultation, and found the patient with complete loss of sensibility and motion below a certain well defined line around the body; there was also noticed a posterior and angular deformity in the neighborhood of the twelfth dorsal vertebra, which caused Dr. C. to come to the conclusion that the body of that vertebra had been crushed, and that some laminae of bone had impinged upon the spinal cord. The patient went on very well until the Saturday following the injury, the mind remaining perfectly clear. On Sunday morning the physician noticed a large blister, extending nearly the whole length of the inside of each thigh, that was unconnected with any previous local irritation. At four o'clock he was taken with a very severe chill, the mind till then remaining clear. He soon after became delirious, and quietly died without any convulsions, at seven o'clock the same evening. On Monday, a week after the reception of the injury, a post-mortem examination was made. All the internal organs were healthy. There was a considerable quantity of extravasated blood on either side of the spinal column, in the situation of the last rib. A portion of the spinal column was removed, extending between the seventh or eighth dorsal to the third or fourth lumbar, together with the angles of the respective ribs. On subsequent careful dissection, the body of the twelfth dorsal vertebra was found crushed, and a little process of bone which had been thrown out from the lamina of the first lumbar vertebra had entirely cut off the spinal cord. The blisters on the inner side of the thigh were proved to be the result of mortification. The points of interest about the case were—1. The manner in which the injury had been received. 2. The little disturbance of the pulse, notwithstanding mortification was going on in the lower extremities; this fact of the regularity of the pulse seemed to show that the circulation

was still going on in the lower extremities, but that the assimilative process was destroyed in consequence, as was supposed, of injury to the sympathetic ganglia situated at the angles of the two last ribs. 3. There was no disturbance of the mind until the last few hours of life.

FIBRO-CYSTIC ENCEPHALOID DEGENERATION OF AN UNDESCENDED TESTICLE AND BLADDER.

Dr. D. S. CONANT then presented a daguerreotype of an inguinal tumor, also one of the patient after recovery from its removal, with a diagram of the tumor and of its microscopical characteristics, with the following history:—Andrew C. Smith, aged 18 years, presented himself (Wednesday, Feb. 20, 1861) before the medical class in the Maine Medical School, with a large tumor, occupying the whole of the left iliac region, down as far as the pubes. It was of ovoid form, its long axis being nearly parallel with Poupart's ligament. It was covered with healthy skin, through which appeared numerous large veins. It measured in its long diameter seven inches, in its transverse diameter five inches, and projected from the abdominal surface about four inches. Palpation discovered both fluctuation and solidity. At the upper rounded extremity, anteriorly and posteriorly, fluid was unmistakably present; the base and body had a firm, resisting, obscurely lobulated, and evidently solid feel; while at the lower, smaller extremity, the fingers, passing deeply behind the tumor, distinguished the superior margin of the external abdominal ring, and appreciated still deeper the sensation of a sort of neck. The scrotum was occupied by only one testicle. The history of the case, as ascertained at the first examination, and elicited by subsequent inquiry, is as follows. The boy had always enjoyed robust health. His parents and all his family have been altogether free from any scrofulous or cancerous taint. The patient says that, as long as he can remember, he has had but one testicle visible; but his father is very confident that, when his son was seven years old, his scrotum contained two testicles. In the early spring of 1858 (just three years ago), having then no lump or swelling in the inguinal region or elsewhere, he received what he called a kick from a playmate, who took him by the shoulder, and dashed his knee forcibly into Smith's groin. The blow caused intense pain, of that sickening character that follows compression of the healthy testis. Smith became faint, reeled, and had to sit down. The pain continued severe for that and the following day, then gradually ceased; but with its diminution there commenced a swelling in the place of injury, which continued—how long exactly he does not remember, but until a tumor had formed as large as a hen's egg. This remained stationary in size for two years; its other symptoms being entirely negative. In March, 1860, he took a very long walk, and soon after was attacked with violent pains in the tumor, followed by an immediate increase of size. He remained in his room one day, and applied some domestic stimulant locally, and the next day, the pain and stiffness subsiding, went to work in the factory as usual. But the tumor continued to increase, its growth being gradual and painless. The patient did nothing for it, and his parents were ignorant of its existence. In September, 1860, he mentioned its presence to a physician at W—, who, without examining it, told him he was "busted," and ordered a snake truss, which was actually worn for some weeks. In November, the father became aware of the tumor's existence, and consulted Dr. Ellis and Drs. Lincoln, father and son, none of whom advised any treatment. In the same month, a physician of a neighboring town applied three blisters, with the effect of a rapid increase in size, and the development, apparently, of a solid growth in the midst of what had previously been a uniformly fluctuating tumor. During all this time the patient's health had not suffered, and he had been capable of active and continued exercise; even on the day that Dr. Conant saw him he had been skating for several hours.

Dr. C., after making some remarks to the class, excluding from the diagnosis enterocoele, abscess, and "hydrocele of an

undescended testis" (which it had been pronounced to be), contracted his diagnosis to one of two possible things—degeneration of the contents of an omentocoele, or fibro-cystic degeneration of a retained testis, most probably the latter. He then introduced an exploring trocar into the superior fluctuating part and drew off nearly a pint of yellowish serum. This changed the form but did not materially diminish the size of the mass. The rounded end collapsed, and the solid portion was then brought into strong relief, its upper edge projecting sharply under the skin. Dr. C. announced that the only treatment worth attempting was removal, and appointed the following Saturday for the operation.

Operation—After the boy had been, with great difficulty, brought under anæsthetic influence, Dr. C. made an elliptical incision nearly nine inches in extent in the direction of the long axis of the tumor. Dissecting off the flaps on either side he laid bare the body of the tumor, and enucleated it as completely as possible.

After gaining more room for manipulation by opening one large and several smaller cysts, he found the neck to consist of a diverticulum or prolongation from the bladder, which either projected up through the external ring in the healthy condition of the parts, or was drawn up into this situation by the enlargement of the testicle during the progress of the disease. This complication had been mentioned to the class as of possible existence, but had not been certainly expected, and although it rendered the prognosis much more grave, did not, in Dr. C.'s opinion, modify the step of the operation. Accordingly, after ligaturing the neck of the tumor, he applied the *ecraseur*, and with great readiness removed the whole mass of disease. There was no hemorrhage after the separation, but a gush of urine followed pressure on the hypogastrium. The superficial epigastric and the spermatic arteries required ligature, other vessels bleeding were controlled by torsion. The opening into the bladder was united by continuous suture, and the integumental wound was closed by seven or eight points of interrupted suture. A flexible catheter was introduced into the bladder, and the boy was put to bed. The operation, from the first incision to the introduction of the last suture, occupied about twenty-five minutes.

Progress of the Case.—Saturday, four hours after the operation.—The patient recovered well from the effects of the ether, rallied completely from the shock of the operation, and felt no pain. Pulse 96. Saturday, 10 p.m.—Condition same; the urine that had been drawn off presented hardly a tinge of blood. Sunday, a.m.—Pulse 100. Condition otherwise unchanged. Sunday, p.m.—Pulse 102. A slight tenderness and puffiness about the wound.

Monday p.m.—Pulse 128, but not sharp or hard. A slight diarrhoea which had existed up to the period of the operation had given place to constipation, which Dr. C. considered might be the cause of the excitement of pulse, and now used some gentle means to relieve. No signs of urinous infiltration. Tuesday, p.m.—Pulse 138, and yet no symptoms of peritonitis. A bloody or sanious discharge which had heretofore been slight now increased in profuseness. Still no sign of infiltration of urine. Bowels not moved. Wednesday, a.m.—Pulse fallen to 128. Large doses of castor oil had been effective in producing evacuations during the night. Wednesday, p.m.—Pulse 120. The wound looked well, though there appeared little probability of obtaining union by first intention. He was now able to pass his urine without a catheter, and as he suffered very much from the presence of the instrument, and especially from its introduction, he was permitted to go without it. From this time he continued to improve, his pulse falling to 90, and remaining regular; his general health good; the wound healing very kindly; the ligatures all coming away before the eighth day. He was soon able to sit up, then to move about on crutches, and finally, to appear again before the class on Monday, April 1st, thirty-six days after the operation. The wound was nearly closed, his health was good, and he looked better than he did before the operation; the

whole progress of the case having been in every respect satisfactory.

* *Appearance of the Tumor after Removal.*—When all the cysts, to the number of seven or eight, had been opened and their contents discharged, the mass still preserved its ovoid form, and weighed about three pounds. On being laid open longitudinally, the appearance was that of two kinds of tissue; one cortical, and the other central or medullary. The cortical was about one-half inch or one inch thick, and invested the whole tumor. It seemed to be of fibrous structure, and on being examined under the microscope presented an aggregation of rather large fibres, interspersed with small round non-nucleated cells and granular matter. The central or medullary portion was soft, almost pultaceous in some places, and of a yellowish red color very much diversified by darker irregular streaks. At the smaller end, corresponding to the supposed portion of the testicle, there was a distinct oval demarkation, about two inches in long diameter, and of a lighter color and softer consistence than the rest of the central portion. The microscope proved the softest portion of this oval to consist of nucleated cells, some caudate, others round, and of every irregularity of shape, mingled with fine granular matter and pigment cells, the whole evidencing plainly enough the malignant nature of the disease.

Correspondence.

DOMESTIC CORRESPONDENCE.

MILITARY SURGEON'S OUTFIT.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—I take advantage of the departure of a mail for New York this afternoon to write to you respecting medical matters at this station. I am, in fact, glad of the opportunity to make known a few facts relative to the medical outfits and requirements of the newly formed regiments through such a medium as your well established journal. In the first place, a word or two in regard to the outfit of the regiments that have been hurried on to the South under the first requisition. The first regiments from New England, as it is well known, left at short notice; some at twenty-four hours; and it could not be expected that their outfit should be anything but incomplete. The later regiments, from Massachusetts and that from Vermont, had more time, and were more deliberate in their movements—the 1st Vermont regiment being in camp a week at Rutland, before moving. But in this instance, as I suppose was the case in others, the notice to the surgeon of his appointment, and his responsibility for the medical outfit, came only when the troops were ordered to rendezvous and prepare for immediate departure. Instruments are readily procured, but to procure and pack a judicious selection of medicines for a thousand men in the field requires time. A little experience will, also, be useful in the way of correcting deficiencies. I submit my own short experience, in part, for the benefit of my professional friends who may be coming after me.

In view of the short time at my disposal, and my constant occupation in personal preparations for departure, I ordered the outfit prepared for the Massachusetts regiment, under the direction of the Medical Commission appointed by the government for that duty. The chests were promptly at hand, and in weight, size, and general appearance, were imposing. At the first surgeon's call in camp, about twenty sick reported, in which coughs and colds, sprains, and excoriations, and gonorrhoea (alas!) were pretty equally distributed. I found, on examination of those ponderous and expensive chests, that there were absolutely no means of

making ordinary volatile liniment, or any other embrocation; not a single expectorant, nor any provision for making a cough mixture; and the same was true of gonorrhoea; no cubebs, no spts. of nitre, no lavender, or other aromatic mask for the transitory penalty of social indiscretion.

The delicacy of the compliment to the chastity of the Green Mountain Boys, implied in the last omission, I profoundly appreciate and acknowledge. But I would respectfully suggest to the Medical Commission that some of the above articles would be of more service to the regiment than the large shopware jars of bromide of potass and other useless chemicals that encumber the chest. Surgeons fitting themselves out for this service will save infinite trouble by filling large one—two—three—and four gallon tin cases of cough mixture, gonorrhoea mixture, liniment, etc., after their own prescriptions; and also providing for their replenishment. The more concentrated and nicer preparations can always be procured from the medical stores of a large military depôt like this; but at present, of course, there is no provision for the extraordinary demand made by the reinforcements (for more bulky articles). Constipation, and disease from irregular diet, are the great complaints among recruits. The sugar-coated pills of Tilden & Thayer, are great conveniences, and I regret my store is not larger.

Changes of bed clothing, shirts, towels, etc., for Hospital use, should be brought in place of lint and bandages. The things should be fairly marked *Hospital or Dispensary*, with the style of the regiment to which they belong.

I have fifteen men now in the hospital, all looking tidy and comfortable, in clean white sheets, pillow-cases, and night-gowns—the thoughtful gift of the ladies of Burlington, Vt., who I know will be delighted to know the comfort they are by this simple means conferring on the sick soldier. Lint, bandages, &c., may come into use; but as yet I have not had occasion to use five yards of bandage, of which my supply is large.

In regard to deficiencies of the medical chests from Massachusetts, my remarks are not intended to censure the gentlemen under whose direction they claim to have been prepared, whose omissions, if their directions were honestly followed, were due to the haste in which they were given. I may add, that I am supported in my statements by the surgeons of the Massachusetts regiment stationed here, Dr. S. Laville and Holmes; their supplies being inferior to mine by just the articles I have named, and which I added before leaving. I wish, before closing, to express my gratitude to the Hospital Relief Association, N. Y., for the valuable contributions made to our hospital stores. The hospital lanterns and knapsack are especially useful. With regard to the health of the Vermont regiment, I can say that it is now improving daily. They were unfortunate in their weather for their first experience in camp life, in Vt. It was cold and stormy, and many took colds which they have not yet got rid of. We were also unfortunate enough to have a case of measles, which contaminated one company, so that I had eight cases in hospital at one time here. One man, a private, after apparent convalescence, relapsed, into a typhoid condition and died yesterday. Pneumonia and diarrhoea are the main diseases now. In consequence of our contagious disease, our friends here in the profession rather give us the cold shoulder, which, on the whole, has resulted in our benefit, by giving us a separate hospital establishment under my exclusive control. The fort-surgeon is Dr. Cuyler, of long service in the army, evidently of fine professional attainments, and whose many attentions I gladly acknowledge. We hear to-day that large reinforcements are to be immediately added to this post; in fact, a portion of Gen. Butler's command is landing, as I close. Gen. B., I have been informed by Col. Dimmick, will arrive to-morrow morning. The force now here is 2,300.

Yours, etc.

E. K. SANBORN,
1st Regiment Vermont Volunteers.

FORT MONROE, May 21st, 1861.

COMPENSATIONS FOR MEDICO-LEGAL INVESTIGATIONS.

[To the Editor of the AMERICAN MEDICAL TIMES.]

DEAR SIR:—I beg leave to inquire through the columns of your journal if the Legislature of the State of Ohio at its late session did not pass a law entirely changing the mode of compensation to physicians for services in medico-legal investigations.

I ask, because the subject has not been alluded to by any medical journal published in the state, and as you have many subscribers in it, the question may meet the eye of some one who can answer it.

I believe the former law gave the power to the Courts of Common Pleas to fix the amount a physician should receive for post-mortem examinations or other similar services, and was, so far as I know, satisfactory to the profession.

Yours, etc.,

BUCKEYE.

We believe an important change in that matter was made by the last Legislature of Ohio, but not being able to state specifically the nature of that change, we will be greatly obliged to any correspondent for a concise statement of the facts respecting that new legislation and its effects.—[Ed.]

CONNECTICUT STATE MEDICAL SOCIETY.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—The Sixty-ninth Annual Meeting of this Society was held at New Haven, May 22-23, in the Hall of the Medical College. Seventy Fellows and Honorary members were in attendance. The President, Dr. Ashbel Woodward, of Franklin, New London county, delivered the Annual Address; Subject: *Life*. After which the Society proceeded to the election of officers for the ensuing year. Dr. Josiah G. Beckwith, of Litchfield, was chosen President; Dr. T. C. Brinsmade, of Troy, New York, late President of the New York State Medical Society, was then presented to the Society, as were also, Drs. Jared Linsley, H. D. Bulkley, and J. G. Adams, Delegates from the New York Academy of Medicine. A most cordial welcome was tendered to these gentlemen by Dr. B. H. Catlin, and it was voted that they be entertained as guests of the Society. Dr. Hiram Corlies, Delegate from the New York State Medical Society, presented himself at the afternoon meeting. Reports from the various Standing Committees were presented, and accepted; and on motion, an advisory Medical Board was recommended to the Governor, to aid in the examination of candidates for the office of Surgeons and Surgeons' Mates, for the Regiments of Volunteers. Drs. Jewett, Russell, Hubbard, Woodward, Williams, Beckwith, Baker, and Sumner, were recommended as such Board.

A highly interesting memoir of the late Dr. William Tully was read by Dr. Henry Bronson, and a Dissertation on "Hereditary Predisposition," by Dr. John B. Lewis, of Rockville, Ct. Both of these papers were ordered for publication, and a special vote of thanks awarded to their authors. By invitation of the New Haven City Association, the Society was most hospitably entertained at a supper in the Tontine Hotel on the 23d. After the transaction of miscellaneous business, the Society adjourned to meet at Bridgeport, on the fourth Monday in May, 1862.

Yours, etc.,

BRIDGEPORT.

Medical News.

APPOINTMENTS.

WM. O'MEAGHER, M.D., Physician to N. Y. Dispensary.

DR. RALPH N. ISHAM, Prof. of Surgical Anat. and Operations of Surgery in Lind University, has been appointed Surgeon of the Marine Hospital at Chicago.

ARMY AND NAVY INTELLIGENCE.

MICHIGAN.—The Commission appointed by the Legislature of Michigan to examine candidates for the posts of Surgeons and Surgeons' Mates to the Volunteer Regiments of the State, reports the following names of successful gentlemen:—

Surgeons.—Drs. David Prince, of Jacksonville; Horace Wardner, of Chicago; Henry W. Davis, of Paris; S. T. Trowbridge, of Decatur; A. W. Heise, of Joliet; James H. Faris, of Danville; Christopher Goodbrake, of Clinton; Sanford Bell, of Springfield; and Dr. Evarts, of Quincy.

Assistants.—Drs. D. W. Young, of Aurora; Samuel C. Plummer, of Rock Island; A. E. Goodwin, of Rockford; John L. Teed, of Mendota; B. F. Stephenson, of Petersburg; John M. Phipps, of Charleston; Wm. F. Cady, of Rock Island; Charles Davis, of Alton; James Hamilton, of Springfield; J. W. Van Valza, of Freeport; P. H. Bailhache, of Springfield; Conrad Dumreicher, of Chicago; Thos. Wilkins, of Vandalia; Daniel Stahl, of Quincy; J. R. Gore, of Chicago; Geo. H. Knapp, of Jerseyville; H. A. Buck, of Marengo; Samuel M. Hamilton, of Monmouth; E. A. Steele, of Chicago; Edgar Winchester, of Elgin; George W. Crossley, of Princeton.

NEW YORK.—*Inspecting Surgeon to the Albany Depot*, Mason F. Cogswell, M. D., has been appointed to this position, in place of Dr. A. H. Hoff, who has accepted the place of Surgeon to a regiment. *Onondaga Regiment*—Surgeon L. M. Pease, of Syracuse; Surgeon's Mate, Geo. B. Todd, of Fayetteville. *Oncida Regiment*—Surgeon A. B. Shipman; Surgeon's Mate, J. C. Stuart. *Seventh Volunteer Regiment*—Surgeon Isenlord; Assistant Surgeon—Jaack. *Sixty-Ninth Regiment, Detachment*; Surgeon Philip O'Hanlon. *First Regiment Volunteers*—J. Lawrence Hicks, Surgeon; John Howe, Assistant. *Brooklyn Phalanx*—Surgeon, F. E. Martindale. *Fifth Regt Volunteers*—Surgeon, R. K. Gilbert; Assistant, B. E. Martin. *Ninth Regiment Volunteers*—Surgeon, J. W. Fisher. *Scott Life Guard*—Surgeon, E. W. Wainright; Assistant, G. W. Lovejoy. *Col. Kerrigan's Regiment*—Surgeon S. N. Fisk.

NEW JERSEY.—*First Regiment Volunteers*—Assistant Surgeon Charles C. Gordon. *Second Regiment Volunteers*—Assistant Surgeon, Lewis W. Oakley. *Third Regiment Volunteers*—Assistant Surgeon, Lorenzo L. Cox.

U. S. Ship *St. Louis*.—Surgeon, J. O'Connor Barclay. Steamer *R. R. Cuyler*.—Assist. Surgeon, Argyle Watson.

The President has appointed the following surgeons for the navy:—Jacob S. Dungan, Charles F. Faks, Samuel F. Cornes, Edward Shippen, William Lowber, Phineas J. Marwitz, Wm. D. Harrison, Chas. Martin, Francis M. Gurnell, James Shuddard, S. Allen Engles, and Benjamin Freeland.

NEW FRENCH AMBULANCE.—On Monday evening, May 27, a meeting of Surgeons was held at the house of Dr. Garrish, to inspect the latest pattern of an ambulance used by the French army in Algeria, and adopted by the Fifty-fifth Regiment volunteers. This ambulance is an omnibus-shaped vehicle, to be drawn by two or more horses; weighing some twelve hundred pounds, but constructed in such a manner that it may be easily detached, separated in several pieces in the interior, the most important portion easily carried by several men. The interior is, when fully standing, a row of beds, carrying six or eight men with great ease, but when crowded, may be forced to transport three times that number. Each bed is a "field-stretcher," or portable cot, which takes the wounded man from the field, and without any fatiguing change, places him in this portable hospital. An india-rubber bath is also attached. At the conclusion of the exhibition, remarks were made by Dr. A. S. Wolff, Surgeon of the Regiment, and also by Dr. Sayre, on the Duties of the Military Surgeon.

DR. VALENTINE MOTT, at a special meeting of the New York Academy of Medicine, held May 29th, read a very interesting address on the Life and Character of the late Dr. John W. Francis.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

From the 19th day of May to the 25th day of May, 1861.

Abstract of the Official Report.

Abstract of the Atmospheric Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

May 1861.	Barometer.		Temperature.			Difference of dry and wet bulb. Therm.		Wind.	Mean amount of cloud.	Rain.
	Mean height.	Daily range.	Mean.	Min.	Max.	Mean.	Max.			
19th	30.05	.30	54	48	62	5	9	S.E.	6	.70
20th	29.70	.20	48	47	55	2	3	N.E.	10	
21st	29.85	.30	57	49	70	11	16	N.	4	
22nd	30.07	.20	62	52	70	8	13	S.W.	3	
23rd	30.15	.20	68	53	66	10	16	S.	.05	
24th	30.15	.20	60	53	67	9	15	S.W.	2	.35
25th	29.60	.40	65	56	72	4	6		5	

REMARKS.—19th, Sunrise obscured, morning hazy, clear after 8; rain, late at night. 20th, Storm most of the day. 21st, Fresh wind, all day; light rain, evening. 22nd, Variable afternoon. 23rd, hazy, morn.; fresh wind, mid-day. 24th, Wind, fresh P.M.; cloudy late at night. 25th, Rain A.M.; very heavy shower at 8 o'clock.

MEDICAL DIARY OF THE WEEK.

Monday, June 3.	NEW YORK HOSPITAL, Dr. Markoe, half-past 1 P.M. EYE INFIRMARY, Diseases of Eye, 12 M. BELLEVUE HOSPITAL, Dr. Clark, half-past 1 P.M.
Tuesday, June 4.	NEW YORK HOSPITAL, Dr. Buck, half-past 1 P.M. EYE INFIRMARY, Diseases of Ear, 12 M. OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrish, 1 P.M. ISLAND HOSPITAL, Dr. Sayre, 1 P.M.
Wednesday, June 5.	ACADEMY OF MEDICINE, 8 P.M. EYE INFIRMARY, Operations, 12 M. NEW YORK HOSPITAL, Dr. Bulkley, half-past 1 P.M.
Thursday, June 6.	OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrish, 1 P.M. NEW YORK HOSPITAL, Dr. Markoe, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Taylor, half-past 1 P.M.
Friday, June 7.	NEW YORK HOSPITAL, Dr. Buck, half-past 1 P.M. EYE INFIRMARY, Diseases of Eye, 12 M. BELLEVUE HOSPITAL, Dr. Macready, half-past 1 P.M.
Saturday, June 8.	OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrish, 1 P.M. NEW YORK HOSPITAL, Dr. Bulkley, half-past 1 P.M. EMIGRANTS' HOSP., WARD'S ISLAND, Dr. Carnochan, 8 P.M. EYE INFIRMARY, Diseases of Ear, 12 M. BROOKLYN CITY HOSPITAL, Dr. Hutchison, 12 M.

SPECIAL NOTICES.

DR. ARTHUR S. WOLF, *Surgeon of the Fifty-fifth Regiment, late Staff Surgeon in the Portuguese Army, at the request of the Surgeons of New York, will deliver a public lecture on the "DUTIES OF THE ARMY SURGEON," at the College of Physicians and Surgeons, on Monday, June 3, at 8 P. M.*

EMIGRANTS' HOSPITAL, WARD'S ISLAND.—On Saturday (this day), June 1, at 3 o'clock P. M., Dr. CARNOCHAN will perform the following operations, viz.: Amputation of the Thigh, and Excision of the Elbow-Joint.

Sent Free by Mail on Receipt of Price.

On Scrofulous Diseases of the External Lymphatic Glands; their Nature, Variety, and Treatment: with remarks on the Management of Scrofulous Ulcerations, Scars, and Cicatrices, by P. C. Price, M.D. Illustrated. 8vo. London, 1861. \$1.10. BAILLIÈRE BROTHERS, 440 Broadway, N. Y.

Sent Free by Mail on Receipt of Price.

The History of Medicine, comprising a Narrative of its Progress from the Earliest Ages to the Present Time, and of the Delusions incidental to its Advance from Empiricism to the Dignity of a Science, by Edward Meryon, M.D. Vol. 1. 8vo. London, 1861. \$3.57. BAILLIÈRE BROTHERS, 440 Broadway, N. Y.

Sent Free by Mail on Receipt of Price.

The Successful Treatment of Influenza, Sore Throat, Bronchitis, Asthma, Pneumonia, &c., by H. Goddard, M.D. 12mo. London, 1861. 89 cents. BAILLIÈRE BROTHERS, 440 Broadway, N. Y.

Surgeon General's Office, May 16,

1861.—In consequence of the increase of the regular army an "Army Medical Board" has been convened, and is now in session in New York city, for the examination of candidates for admission into the Medical Staff of the Army.

Applicants must not be less than twenty-one or over thirty years of age. Applications must be made to the Secretary of War, or through the Surgeon-General of the Army, stating the residence, place, and date of birth, accompanied by respectable testimonials of moral character.

MEDICAL DIRECTOR'S OFFICE, NEW YORK STATE VOLUNTEER FORCES, NEW YORK, Elm and White streets.

Surgeons of Regiments of the New

YORK STATE VOLUNTEERS are hereby informed that ample provision has been made by the State for the care of sick volunteers in the New York Hospital. None but enrolled and accepted volunteers, however, are eligible. Admission will be granted upon the order of the Regimental Surgeon subject to the approval of the Medical Director.

C. R. AGNEW, Medical Director.

Vaccination of Troops.—The subscriber

is prepared to supply any required amount of "quill points," charged with vaccine lymph, at an hour's notice. Every "quill" shall be charged by himself and its perfect efficiency absolutely and unreservedly warranted. 12 "quills" for one dollar. When lymph is required for the vaccination of many patients, a liberal discount will be made. For references and further information, see pamphlet, which will be sent by mail, postage paid, on application to

HENRY A. MARTIN, M.D., Roxbury, Mass.

Sent Free by Mail on Receipt of Price.

Transactions of the Obstetrical Society of London. Vol. 2, for the year 1860. 8vo. London, 1861. \$4.65. BAILLIÈRE BROTHERS, 440 Broadway, N. Y.

Sent Free by Mail on Receipt of Price.

Practical Observations on the Diseases of the Joints involving Anchylosis, and on the Treatment for the Restoration of Motion, by B. E. Brodhurst, M.D. \$1.40. BAILLIÈRE BROTHERS, 440 Broadway, N.Y.

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On Obscure Diseases of the Brain, and Disorders of the Mind, by Forbes Winslow, M.D. Second edition, revised. 8vo. London, 1861. \$5.00. BAILLIÈRE BROTHERS, 440 Broadway, N. Y.

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